

## Performance Improvement Plan

*Level 1*     *Level 2*

**Date of Performance Improvement Plan Meeting:**

**Name of Trainee:**

**Primary Supervisor/Advisor:**

**Names of All Persons Present at the Meeting:**

**All Additional Pertinent Supervisors/Faculty:**

**Date for Follow-up Meeting(s):**

*Check the competency domains in which the trainee's performance does not meet the minimum levels of achievement:*

- |   |  |
|---|--|
| <input type="checkbox"/> Research                               | <input type="checkbox"/> Evidence-based Assessment                                   |
| <input type="checkbox"/> Ethical and Legal Standards            | <input type="checkbox"/> Evidence-based Intervention                                 |
| <input type="checkbox"/> Individual and Cultural Diversity      | <input type="checkbox"/> Evidence-based Supervision                                  |
| <input type="checkbox"/> Professional Values and Attitudes      | <input type="checkbox"/> Consultation and Interprofessional/Interdisciplinary Skills |
| <input type="checkbox"/> Communication and Interpersonal Skills |  |

*Description of the problem(s) in each competency domain checked above (please provide examples):*

*Date(s) the problem(s) were brought to the trainee's attention and by whom:*

*Steps already taken by the trainee to rectify the problem(s) that were identified:*

*Steps already taken by the supervisor(s)/faculty to address the problem(s):*

## Performance Improvement Plan

*Level 1*     *Level 2*

<b>Competency Domain/ Essential Components</b>	
<b>Problem Behaviors</b>	
<b>Expectations for Acceptable Performance</b>	
<b>Trainee's Responsibilities/ Actions</b>	
<b>Supervisors' Responsibilities/ Actions</b>	
<b>Timeframe for Acceptable Performance</b>	
<b>Assessment Methods</b>	
<b>Dates of Evaluation</b>	
<b>Consequences for Unsuccessful Improvement</b>	

