A logo for a medical school

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**Performance Improvement Plan (PIP)**

**\* Confidential \***

**Student Name:**       **Date:**

**Program Sponsor:**       **Program Level:**

**Course Number:**       **Course Start Date:**

This Performance Improvement Plan (PIP) aims to identify areas of concern and gaps in your performance, reiterate the program expectations, and allow you to demonstrate improvement and commitment.

**Areas of Concern:** issues or poor performance or behavior.

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**Observations, previous discussions, or counseling:** dates/times the issues were addressed in the recent/relevant past. Reference previous documents when applicable.

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**Improvement goals and expectations:** goals related to areas of concern to be improved and addressed, as well as timelines.

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| **Goal/Expectation** | | **Required Completion Date** |
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**Resources:** resources available to complete the improvement activities.

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**Timeline for improvement, expectations, and consequences:**

Effective immediately, you will be expected to make regular progress on the plan outlined above. Failure to meet or exceed these expectations or any display of misconduct will result in further disciplinary action, up to and including dismissal from the program. In addition, if there is no significant improvement to indicate that the expectations and goals will be met within the timeline indicated in this Performance Improvement Plan (PIP), your enrollment will be terminated. Failure to maintain performance expectations after completing the PIP may result in additional disciplinary action, including dismissal from the program.

The contents of the PIP are confidential. Should you have questions or concerns regarding the content, you will be expected to follow up directly with the assigned program faculty member.

During this performance improvement process, you are expected to communicate on a regular basis with the program faculty to discuss your progress.

**PIP Start Date:**       **PIP Re-evaluation Date:**

**This information has been reviewed with the student.**

**Student Signature: Date**:

**Faculty Signature: Date**:

**Program Director Signature: Date**:

**Other Signature: Date**: