**Performance Improvement Plan (PIP)**

**Confidential**

**Student Name:**       **Date:**

**Program Name:**

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

The purpose of this Performance Improvement Plan (PIP) is to identify areas of concern and gaps in your performance, reiterate the Paramedic program expectations, and allow you the opportunity to demonstrate improvement and commitment.

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

|  |  |  |
| --- | --- | --- |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

 [NOTE: All response boxes on this form will automatically expand as text is entered. Additional rows can be added to this table by placing the cursor in the bottom, right hand box and pressing “tab”.]

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

|  |  |  |
| --- | --- | --- |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

 [NOTE: All response boxes on this form will automatically expand as text is entered. Additional rows can be added to this table by placing the cursor in the bottom, right hand box and pressing “tab”.]

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

|  |  |  |
| --- | --- | --- |
|  | **Goal/Expectation** | **Required Completion Date** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

[NOTE: All response boxes on this form will automatically expand as text is entered. Additional rows can be added to this table by placing the cursor in the bottom, right hand box and pressing “tab”.]

**Resources:** resources available to complete the improvement activities.

|  |  |  |
| --- | --- | --- |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

[NOTE: All response boxes on this form will automatically expand as text is entered. Additional rows can be added to this table by placing the cursor in the bottom, right hand box and pressing “tab”.]

**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 Paramedic 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 the completion of the PIP may result in additional disciplinary action up to and including dismissal from the Paramedic 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 Paramedic program faculty member.

During this performance improvement process, you are expected to communicate on a regular basis with the Paramedic 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**: