

**CALIFORNIA STATE UNIVERSITY, FRESNO  
DEPARTMENT OF SOCIAL WORK EDUCATION**

**Corrective Action Plan**

**For**

**Unsatisfactory Student Performance in Field Placement**

(Refer to the Field Manual for course requirements and grade procedures).

**Note: To be completed by the faculty liaison in consultation with the student, field instructor, and field coordinator.**

DATE:

STUDENT NAME:

First Name

MI

Last Name

STATUS:

BA (1<sup>st</sup> semester)

BA (2<sup>nd</sup> semester)

MSW1

MSW2

PLACEMENT AGENCY

FIELD INSTRUCTOR

FACULTY LIAISON

ACADEMIC ADVISOR

Identified Performance Issues : (please attach additional supporting documentation if necessary)

1.

2.

3.

4.

Performance Area

Current Level of Performance

**Satisfactory**

**Marginal**

**Unsatisfactory**

1. Professional Development

- |                                       |                          |                          |                          |
|---------------------------------------|--------------------------|--------------------------|--------------------------|
| a. Attendance and<br>Time Management: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Use of Supervision:                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Completion of Assignments          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Current Level of Performance

**Satisfactory**

**Marginal**

**Unsatisfactory**

2. Multi Systems Social Work Practice:

- |                                    |                          |                          |                          |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| a. Practice with Clients           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Practice with Staff             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. c. Practice with Administration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Performance Area

Current Level of Performance

**Satisfactory**

**Marginal**

**Unsatisfactory**

3. Assumption of Professional  
Responsibility for:

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Skill Development     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Assignments           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Professional Demeanor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Other (Please Specify below)

## Corrective Plan

**Instructions:** The corrective action plan is to be completed by the Faculty Liaison in consultation with the student, the field instructor and the Field Coordinator. Address all performance issues noted above and provide clear objectives for satisfactory performance that include a specific, short term time frame.

**Performance Objectives:**

**Time Frame:**

1.	
2.	
3.	
4.	
5.	

**Field Instructor Will:**

**Time Frame:**

1.	
2.	
3.	

**Faculty Liaison Will:**

**Time Frame:**

1.	
2.	
3.	

**Additional Information:**

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**Consequences for Continued Unsatisfactory Performance:**

1.
2.
3.
4.

**Next Review Date:** \_\_\_\_\_

I have participated in the development of this Corrective Action Plan and understand my responsibility in meeting its objectives as well as the consequences for continued unsatisfactory performance.

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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Field Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

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Faculty Liaison Signature \_\_\_\_\_ Date \_\_\_\_\_

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Field Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_