**WCU Counseling & Psychological Services**

**Remediation Plan for TRAINEE**

**DATE**

**TRAINEE’s Supervisory Committee:**

Primary Supervisor

Doc Intern Supervisor

Doc Intern Primary Supervisor

Training Director

**Actions Taken to Date:**

* DATE 1
	+ TRAINEE successfully completed fall semester at CAPS. Several growth edges were noted on their end of fall evaluation by their primary supervisor.
		- Received a score of X out of X on item # X on evaluation form related to…
		- Evaluation noted that TRAINEE had received feedback regarding challenges to…
		- Evaluation noted that TRAINEE’s biggest challenge was with… TRAINEE indicated that they were aware that these were areas of challenge for them.
	+ This feedback from this evaluation was shared with TRAINEE as well as with TRAINEE’s academic program’s practicum instructor Dr. XXX at end of fall site visit on DATE
* DATE 2
	+ TRAINEE and supervisors met as part of a scheduled supervision transition meeting
	+ Expectations were voiced to TRAINEE about several issues, specifically…
* DATE 3
	+ Supervisor, TD, and TRAINEE met to discuss progress on issues including…
	+ We noted that TRAINEE had not met several expectations, specifically…
	+ We discussed initial ways of addressing these expectations, including…
	+ We set a goal that they would implement these changes by DATE
* DATE 4
	+ Supervisor, TD, and TRAINEE met to discuss progress on aforementioned issues. We noted that they had not met the deadline discussed for…
	+ We developed a plan for TRAINEE to complete outstanding issues by DATE
	+ We discussed that if this deadline was not accomplished, we would need to start looking at a formal remediation plan.
* DATE 5
	+ Supervisor emailed TRAINEE to further describe supervisory expectations on…
	+ TRAINEE met with supervisor later that day and expressed disagreement about feedback they had received on… Supervisor noted that TRAINEE indicated that they did not agree with the suggested changes and demonstrated an unwillingness to make the changes as suggested.
* DATE 6
	+ Primary supervisor, doc intern supervisor, doc intern’s primary supervisor, and training director met to revisit TRAINEE’s progress to date. We noted that they had made some progress on the areas of… but that there were still some outstanding items including…
	+ We discussed that in TRAINEE’s meeting with supervisor that TRAINEE had not demonstrated receptiveness to feedback provided on their documentation.
	+ We developed a plan that the supervision team would have another checkpoint at the end of the day on DATE and continue to reassess if a formal remediation would be needed.
* DATE 7
	+ By the end of day DATE, TRAINEE had left for the week with outstanding tasks, including…
	+ Supervisor noted at this time that TRAINEE had continued to disagree with feedback provided on…
* DATE 8
	+ Supervisory team met to discuss TRAINEE’s progress to date. We discussed that in light of repeated issues described above that it was necessary at this time to implement a formal remediation plan.

**TRAINEE’s Strengths and Progress Noted to Date:**

We have noted that TRAINEE has made the following progress since working with us and as concerns have been brought to their attention as described above:

* Continues to show good rapport building and relational skills with clients
* Has made some progress with respect to…
* Has acknowledged their difficulties with…
* Has worked through and processed some initial disagreements on feedback provided by supervisors on…
* Has demonstrated an openness to feedback provided as part of this remediation plan and has appropriately and professionally approached TD and supervisor regarding revisions after the plan was initially shared with them on DATE

**Relevant Evaluation Form Items:**

The supervisory team consulted on DATE and noted the following concerns that we would like to continue to monitor regarding TRAINEE’s professional competence that correspond to the following goals/objectives/competencies listed on the evaluation form:

* We have noticed that TRAINEE would benefit from continuing to maintain progress in certain key areas on Goal #1: NAME OF GOAL, Objective # 1: NAME OF OBJECTIVE
	+ Competency # 1: NAME OF COMPETENCY
	+ Competency # 2: NAME OF COMPETENCY
	+ Etc.

**Plan:**

TRAINEE has already addressed several of the concerns noted above, and we would like to see them continue to make progress already made. By DATE (approximately 1 month from now), we would like TRAINEE to continue to demonstrate progress the following behaviors:

* Item # 1: TRAINEE will observe at least 3 sessions of other clinicians (either live or via video tape) in order to help support their skills and to observe various styles of therapy
	+ Staff member NAME will assist in coordinating these
* Item # 2: TRAINEE will continue to meet deadlines specified by their supervisors regarding documentation, including:
	+ Paperwork completed by the end of each work day and the end of each week, unless otherwise specified by supervisor
	+ Supervisor NAME will review this
* Item # 3: TRAINEE will continue to demonstrate an openness to feedback provided in supervision and on documentation as evidence by…
	+ Supervisor NAME will review this
* Item # 4: By DATE TRAINEE will complete a mid-spring semester self-assessment of their skills using the evaluation form and will submit this to their supervisors as part of the mid-spring semester evaluation process
	+ Supervisor NAME will review this

We will have the following two checkpoints along the way to continually assess progress on this remediation plan:

* DATE 1 (in approximately 2 weeks)
* DATE 2 (final checkpoint prior to spring break)

Based on the outcome of the second checkpoint, we will determine if TRAINEE has successfully met the goals of this remediation plan or if further action/remediation is necessary according to our due process procedures.

The initial version of this remediation plan was verbally reviewed with TRAINEE on DATE; TRAINEE and their supervisors provided additional feedback since this meeting to provide revisions.

We will also plan to notify their academic program internship instructor Dr. XXX regarding progress they have already made on this remediation plan as part of the routine mid-spring evaluation process (TD will coordinate this).

Signatures:

TRAINEE - Date

PRIMARY SUPERVISOR – Date

DOC INTERN SUPERVISOR - Date

DOC INTERN PRIMARY SUPERVISOR – Date

TRAINING DIRECTOR – Date

**REMEDIATION PLAN UPDATE CHECKPOINT # 1**

**Actions Taken Since Implementation of Remediation Plan:**

* DATE 1
	+ ACADEMIC PROGRAM DCT, trainee, and TD met to discuss the remediation plan
* DATE 2
	+ Etc.

**Summary of progress on remediation plan items to date:**

* Item # 1: TRAINEE will observe at least 3 sessions of other clinicians (either live or via video tape) in order to help support their skills and to observe various styles of therapy
	+ To date, trainee has…
* Item # 2: TRAINEE will continue to meet deadlines specified by their supervisors regarding documentation, including:
	+ Trainee has not consistently met this expectation. This has been evidenced by…
* Item # 3: TRAINEE will continue to demonstrate an openness to feedback provided in supervision and on documentation as evidence by…
	+ Trainee’s supervisors have not reported any significant ongoing concerns about this
* Item # 4: By DATE TRAINEE will complete a mid-spring semester self-assessment of their skills using the evaluation form and will submit this to their supervisors as part of the mid-spring semester evaluation process
	+ This was completed on DATE