**Discipline of Occupational Therapy**

Form 27B: Underperforming Student Management Plan

**This report summarises the contents of the meeting with the practice tutor, Practice education co-Ordinator and student after a concerns identified form has been completed.**

**Meeting with educator**

|  |  |
| --- | --- |
| **Issues taken from concerns identified form** | **What is expected competency at this stage of placement** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

🞏 Has feedback been provided to the student on the specific issues identified

🞏 How has the student responded to these issues?

🞏 Does the student have insight into these issues and do they have a plan for the way forward?

🞏 What are the priorities that the student needs to show?

**Meeting with student**

🞏 Are there any health or personal issues that have been disclosed?

🞏 What are the student’s views and opinions of the placement?

🞏 What plan would they suggest for the way forward?

🞏 What are the priorities to be worked on?

🞏 What specifically does the student need from the educator to assist them?

🞏 What specifically is the student going to do to address the identified issues? What is the timeframe for demonstration of resolution of the identified issues? How will the educator know that this work has been completed?

🞏 What additional resources are recommended?

🞏 Any other comments or issues discussed

 **Joint action plan**

|  |  |
| --- | --- |
| **Action Plan for student: What needs to be shown** | **Timeframe: By When** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Joint Evaluation**

|  |  |
| --- | --- |
| **Action Plan for student: What needs to be shown** | **Evaluaton: Partly met, met, or consistently met**  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Students to note that to pass the placement, competencies must be consistently met.

If not met a new action plan to be completed. Actions repeated from previous week to be in Blue text.

**comments from student**

**Signatures**

**Practice educators date**

**Student date**

**Practice tutor /practice education co-ordinator date**