**SACP M.Ed. Internship**

**COMPETENCE REMEDIATION PLAN**

**Date of Competence Remediation Plan Meeting:**

**Intern:**

**Supervisor:**

**Names of All Persons Present at the Meeting:**

**Date for Follow-up Meeting(s):**

Circle all goal domains in which the intern’s competence indicators have been judged unsatisfactory:

**Foundational Goals**: Professionalism, Individual and Cultural Diversity, Ethical/Legal Standards and Policy, Reflective Practice/Self-Assessment/Self Care, Relationships, Scientific Knowledge and Methods, Research and Evaluation

**Functional Goals**: Evidence-Based Practice, Assessment, Prevention and Intervention, Consultation, Mental Health and Well-Being, Teaching, Supervision, Interprofessional Systems, Management/Administration, Advocacy

Description of the problem(s) in each goal domain circled above:

Date(s) the problem(s) was brought to the intern’s attention and by whom:

Steps already taken by the intern to rectify the problem(s) that was identified:

Steps already taken by the supervisor to address the problem(s):

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Goal Domain/****Essential Components** | **Problem****Behaviours** | **Expectations for Acceptable Performance**  | **Intern’s Responsibilities/Actions**  | **Supervisor’s Responsibilities/****Actions** | **Timeframe for****Acceptable****Performance** | **Assessment****Methods** | **Dates of****Evaluation** | **Consequences****for Unsuccessful Remediation** |
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I (intern), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have reviewed the above competency remediation plan with my supervisor, and the Internship Coordinator. My signature below indicates that I fully understand the above. I agree/disagree with the above decision (please circle one). My comments, if any, are below (*PLEASE NOTE: If intern disagrees, comments, including a detailed description of the intern’s rationale for disagreement, are REQUIRED).*

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Intern Date Internship Coordinator Date Supervisor Date

Intern’s comments (Feel free to use additional pages):

All persons with responsibilities or actions described in the above competency remediation plan agree to participate in the plan as outlined above. Please sign and date below to indicate your agreement with the plan.