**SACP MEd Internship**

**SUMMATIVE EVALUATION OF COMPETENCY REMEDIATION PLAN**

Follow-up Meeting(s):

Date (s):

In Attendance:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal Domain**  **Essential Components** | **Expectations for Acceptable Performance** | **Outcomes Related to Competence Indicator(s)**  **(met, partially met, not met)** | **Next Steps**  **(e.g., remediation concluded, remediation continued and plan modified)** | **Next Evaluation Date (if needed)** |
|  |  |  |  |  |
|  |  |  |  |  |
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I (intern), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have reviewed the above summative evaluation of my 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 outcome assessments and next steps (please circle one). My comments, if any, are below. (*PLEASE NOTE: If trainee disagrees with the outcomes and next steps, comments, including a detailed description of the trainee’s rationale for disagreement, are REQUIRED).*

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Trainee Date Internship Coordinator Date Supervisor Date

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