Indiana University Bloomington

Counseling Psychology Program Doctoral Trainee Remediation Plan

Date of Remediation Plan Meeting: Name of Trainee: Faculty Advisor: Primary Clinical Supervisor: Names of All Persons Present at the Meeting: All Additional Pertinent Supervisors/Faculty: Date for Follow-up Meeting(s):

Circle all competency domains in which the trainee's performance does not meet the benchmark:

Program Objectives & Foundational Competencies:

1.1 Psychological Knowledge; 1.2 Scientific Mindedness;

- 2.1 Cultural Awareness of self and others; 2.2 Multicultural Skills;
- 3.1 Professional Conduct, 3.2 Ethical Adherence; 3.3 Professional contributions

Functional Competencies:

Assessment, Intervention, Consultation, Research/evaluation, Supervision, Teaching, Management/Administration

Please include the following in the remediation plan documentation:

- Description of the problem(s) in each competency domain circled above:
- Date(s) the problem(s) was brought to the trainee's attention and by whom:
- Steps already taken by the trainee to rectify the problem(s) that was identified:
- Steps already taken by the supervisor(s)/faculty to address the problem(s):

The written remediation plan should address each of the following items

- 1. Competency Domain/essential components in question
- 2. Problem behaviors in question
- 3. Expectations for acceptable performance (behavioral benchmarks)
- 4. Trainee's responsibilities/actions
- 5. Advisor/supervisor responsibilities/actions
- 6. Timeframe for achieving acceptable performance
- 7. Assessment methods
- 8. Dates of evaluation of progress
- 9. Consequences for unsuccessful remediation

I, ______, have reviewed the above remediation plan with my primary advisor/supervisor, and any additional supervisors/faculty, and the director of training. 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 trainee disagrees, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED*).

 Trainee Name
 Date
 Training Director
 Date

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

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

Remediation Plan Follow-up Summative Evaluation of Remediation Plan

Follow-up Meeting(s): Date (s): In Attendance:

The summative evaluation should address each of the following items

- 1. Competency domain/essential components in question
- 2. Expectations for acceptable performance (behavioral benchmarks)
- 3. Outcomes of behavioral benchmarks
- 4. Next steps (e.g., remediation satisfactorily completed; remediation continued and plan modified; next evaluation date if necessary)

I, ______, have reviewed the above summative evaluation of my remediation plan with my primary advisor/supervisor, and any additional supervisors/faculty, and the director of training. 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*).

Trainee Date

Training Director Date

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