



PERFORMANCE IMPROVEMENT PLAN (PIP)

Student Name _____ **Date** _____

Area(s) of Concern/ Behavior(s) and SLO Identified	Measurable Goal(s)	Expected Outcome(s)	Action Plan/ Interventions	Review Date/ Outcome(s)

Additional Notes as Needed:

Signatures required at completion of outcome(s). SLC will be printed, signed, and placed in student folder by faculty.

Student Nurse Signature _____ Date _____ Initiated

Faculty Signature _____ Date _____ Received

Faculty Signature _____ Date _____ Outcome achieved

Student Learning Contract or probation language has a long history at NTC. Form Initiated February 2019. SLC Purpose, Plan, and Procedure initiated 2/2019. Name changed 8/2019 to PERFORMANCE IMPROVEMENT PLAN (PIP). Wording reference: College of Southern Idaho, 2017.