Field Experience Action Plan

Student: ___________________________ MyWSU ID: ___________

Faculty Supervisor: ___________________________

Site supervisor: ___________________________

Internship Site: ___________________________

Course: ___________________________ Year/Semester: ___________________________

Description of the problem (attach additional comments as needed): ____________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Action Steps: Describe actions student will take to improve performance.

<table>
<thead>
<tr>
<th>Assessor: List person(s) responsible for assessing student progress</th>
<th>Required Completion Date(s):</th>
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Consequences for failure to successfully complete the action plan (attach additional comments as needed):

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Student – Date                                             Faculty Supervisor – Date

Site Supervisor – Date                                      Department Chair – Date

Associate Dean – Date

Resolution of action plan was successful/not successfully completed (circle one). Describe resolution: ________________

Approved by Department of Sport Management faculty 9-27-2011