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>
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<tr>
<th>Action Steps</th>
<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):
___________________________________________________________________________________________
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___________________________________________________________________________________________

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