

APPENDIX 1 - ACTION PLAN/ACTION PLAN REVIEW

To be completed by the student's Practice Educator.

Name of Student		Signed	
Name of Practice Educator		Signed	
Others involved in the support and assessment of the student		Signed	
Others present at this Action Plan meeting		Signed	
Date of Action Plan Meeting		Date Action Plan agreed	

Please state any causes of concern, linked to the domains of the PCF:	Please state any strengths the student currently has which they can build on:	What can be put in place to support the candidate to achieve the required standard?	What will be the evidence that the required improvement has been achieved?	Timescale	Action Plan Review Capabilities met or not met? (Yes/No)
Professionalism					
Values and Ethics					
Diversity					
Rights, Justice and Economic Well Being					
Knowledge					
Critical Reflection and Analysis					
Intervention and Skills					
Contexts and Organizations					
Professional Leadership					

Please use this section to record any further comments or note any differences of opinion:

Student comments on Action Plan

Practice Educator comments on Action Plan

Comments by others on Action Plan (if appropriate)
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Date of Action Plan Review

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REFERENCE ONLY - CU Placement Connect

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