

Clinical Intern Action Plan

**Clinical Intern:**

**Clinical Educator:**

**Clinical Supervisor:**

**Date:**

# Planning

**Concern:**

**Details:**

**Concern:**

**Details:**

**Concern:**

**Details:**

# Knowledge

**Concern:**

**Details:**

**Concern:**

**Details:**

**Concern:**

**Details:**

# Understandings

**Concern:**

**Details:**

**Concern:**

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# APPLICATION

**Concern:**

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# ACTION PLAN – Goals and Evaluation

The following goals are identified based on the concerns described in the above sections. Actions and supports have been identified to provide continued assistance to help the candidate be successful.

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal** | **Action/Support provided** | **Evaluation** | **Timeline** |
| **GOAL #1:** |  |  |  |
| **GOAL #2:** |  |  |  |
| **GOAL #3:** |  |  |  |
| **GOAL #4:** |  |  |  |
| **GOAL #5:** |  |  |  |

**Candidate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinical Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinical Educator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Credit: Dr. Jill Patterson, William Paterson Clinical Supervisor, 2016.