



**Action Plan Follow-Up
For Students or Candidates**

Date	Name (Last, First, MI)	University ID #
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Program Coordinator or Designee: _____

Other Meeting Participants

_____	_____
Name	Position
_____	_____
Name	Position
_____	_____
Name	Position

Action Plan Starting Date _____ (MM/DD/YY)

Action Plan Ending Date _____ (MM/DD/YY)

The student/candidate:

1. _____ has met the goals/standards described in the Action Plan. No further action is required.
2. _____ has shown progress in meeting the goals/standards described in the action plan. A revised plan is required. Please attach new Action Plan.
3. _____ has not met the goals/standards described in the Action Plan, but demonstrates potential to meet them given a new plan. Please attach new Action Plan.
4. _____ has not met the goals/standards/conditions described in the Action Plan. The student/candidate may not complete the licensure program.

Explanation:

*Student/Candidate's Signature

*Program Coordinator or Designee's Signature

CTE Signature

Other – Signature and Title

*Signatures of the student/candidate and program coordinator or designee are required; others are optional.