

**University of Akron
Speech-Language Pathology Support Plan**

Student Name: _____

Clinic Supervisor/Course Instructor: _____

Clinic/Course: _____

Semester: _____ **Year:** _____

This support plan was developed in order to allow the student to address deficiencies in coursework and/or clinical training. This plan is intended to remediate those deficiencies and allow the student to acquire the necessary knowledge and skills and achieve the technical standards. The student and supervisor/instructor will develop a support plan in order to achieve competency in any identified deficiency deficient area.

Directions: Enter the ASHA standard and course/clinic objective that has not been met. Identify the additional responsibilities of the student and the role(s) of the supporting supervisor/instructor.

Support Plan

Standard/Objective		
Student Responsibilities		
Instructor Roles		
Begin date:		Review date:
Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Date:	Supervisor/Instructor: _____ Clinic Director/Graduate Coordinator: _____

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Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Date:	Supervisor/Instructor: _____ Clinic Director/Graduate Coordinator: _____

In the event that a student is unable to fulfill the support plan, with or without reasonable accommodation, or refuses to participate in the support plan procedures, the student may be dismissed from the program.

I participated in the meeting about the support plan (attached) and I agree to fulfill its requirements by the date specified above.

Student Signature _____ Date _____

I participated in the meeting:

Supervisor/ Instructor Signature _____ Date _____

Clinic Director/Graduate Coordinator Signature _____ Date: _____

Copies:

Academic support plan: student, instructor, graduate coordinator, advisor, permanent file

Clinical support plan: student, supervisor, clinic director, advisor, student permanent file