Please print the following information:

Student Name: _______________________________________________________

GSU Supervisor: ______________________________________________________

Site: __________________________________________________________________

Site Supervisor: ______________________________________________________

Please indicate the practicum:

Special Populations_____ Public School_____ Medical Setting _______

Please indicate at what point this grade review is taking place and which practicum in the three practicum sequence the student is participating:

Midterm _______ Final _______ Other _______

First practicum _______ Second practicum _______ Third practicum _______

Based on collaboration with the site supervisor, observations of the student, and/or conversations/interactions with the student; the student’s progress is judged as unsatisfactory and consistent with a grade of **C or lower**.

Describe areas of concern  [Separate narrative may be attached.]

List Goals &/or Strategies for Improvement

Recommendation(s):

↑ Weekly feedback from GSU and/or Site Supervisor(s)
↑ Refer to GSU Clinical Team
↑ Other ________________________________
   Describe

Signature of GSU Supervisor ___________________________ Date ___________

cc:  Student
     Site Supervisor
     Director of Clinical Education