**Action Plan Form**

|  |  |  |
| --- | --- | --- |
| **Problem** | **Specific Activities****(student fills in this section with activities/strategies planned to help reach expected outcome)** | **Outcome Measurement (what CI, student must see, hear, feel to achieve the expected outcome and verify accomplishment)** |
|  |  |  |

**Consequences for unsuccessful completion:**

Learning Objective should be:

1. Specific

2. Measurable

3. Achievable

4. Results centered

5. Time bounded

 At completion of the time frame:

Student signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CI signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_