* STUDENT TEACHER/INTERN INTERVENTION PLAN* **(STIP)**

Student Teacher/Intern Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervising Practitioner OR Administrator (Intern only) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Bacc. OR Intern (circle one)

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| --- | --- | --- | --- | --- | --- | --- |
| Area(s) of Improvement | Action to be Taken | Student/Intern Responsibility | Supervising Practitioner Responsibility | Program Supervisor  Responsibility | Timeline for  Implementation | Next Steps |
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Student Teacher Signature Supervising Practitioner Signature Program Supervisor Signature