* 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)

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student Teacher Signature Supervising Practitioner Signature Program Supervisor Signature