

**CHICAGO STATE UNIVERSITY**  
**Master of Social Work Program**

**REMEDIATION PLAN**

Student's Name:

Field Instructor:

Agency/School:

Date of Conference:

Faculty Liaison:

Summary of Concerns Identified:

Strategies that have been attempted:

Specific recommendations to remediate identified concerns: (Criteria to meet satisfactory performance should be explicitly identified):

Signatures:

Student

Date:

Field Instructor

Date:

Faculty Liaison

Date:

Remediation Plans are subject to the approval of the Department Chair or the Director of Field Education.

Date of Progress Conference:

Outcomes: