

Pacific University - School of Occupational Therapy
ACADEMIC NOTIFICATION
“OF CONCERN”

Date: _____ [] Fall [] Spr Year _____

Student: _____ [] Year 1 [] Year 2 [] Year 3

Faculty: _____

It has been observed that one or more of the following academic standing variables (as indicated) is/are of concern. The student is responsible to take action to remediate the issue(s) of concern. Failure to do so may result in a change in academic standing (i.e. warning or probation).

- [] Academic Performance (*GPA, course grades or assignment grades*)
- [] Development of practice skills (*Knowledge, Critical reasoning, technical skills*)
- [] Compliance with school rules or procedures
- [] Professional/ethical conduct and attitudes
- [] Interpersonal and professional relations (*therapeutic rapport, community/peer/faculty/staff interaction*)

Description of Issue of Concern:

Written Action Plan Required? [] No [] Yes (if yes, see below)

Date due to advisor: [00/00/00]

Date with advisor to discuss plan: [00/00/00]

Date progress report due to advisor: [00/00/00]

Faculty Signature: _____

Place original in student file. Provide one copy to the academic standing coordinator.

Student Signature: _____ **Date:** _____

Please sign and return one copy to Suzie. Signature indicates that you received this notification.