Pacific University - School of Occupational Therapy

ACADEMIC NOTICE
OF CONCERN

Date: ________________ [ ] Fall [ ] Spr Year _____

Student: ________________ [ ] Year1 [ ] 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: __________________________ Date: _____________

Student Signature: __________________________ Date: _____________

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