**Student Concern Register and Plan**

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| This information is considered confidential but will be available for review by the student named in the form. This form is to remain in the EIB paper file and should not be sent on to prospective employers or placement. |

Student Name: J#:

Today’s Date:

Faculty or Staff member who met with this student:

Date of meeting:

Issues of Concern: (concrete, specific behaviors)

Clearly state the expectations for improvement: (concrete specific behaviors)

Date by which improvements must be observed as evidence:

State the support provided by faculty or staff member who met with the student:

If the expectations for improvement as stated above are not met by the date stated above, the faculty or staff member will refer the student to the Education Intervention Board.

Student Signature: Date:

Faculty/staff signature: Date: