**Department of Social Work**

**Florida Gulf Coast University**

STUDENT INTERNSHIP CORRECTIVE ACTION PLAN (CAP)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student:** |  |  | **Student Email:** |  |
|  |  |  |  |  |
| **Agency:** |  |  | **Agency Phone:** |  |
|  |  |  |  |  |
| **Field Instructor:** |  |  | **Faculty Liaison:** |  |
|  |  |  |  |  |
| **Task Supervisor (if applicable):** |  |  | **Start Date of CAP:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Area Needing Improvement** | **Action by Student** | **Action by Agency/Faculty Liaison** | **Target Date** |
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**Comments:**

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| --- |
|  |

**Signatures:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student:** |  |  | **Date:** |  |
|  |  |  |  |  |
| **Field Instructor:** |  |  | **Date:** |  |
|  |  |  |  |  |
| **Faculty Liaison:** |  |  | **Date:** |  |
|  |  |  |  |  |
| **Task Supervisor (if applicable):** |  |  | **Date:** |  |
|  |  |  |  |  |
| **Field Education Coordinator:** |  |  | **Date:** |  |