**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:** |  |