

**SOCIAL WORK INTERN PERFORMANCE IMPROVEMENT PLAN****Level of Intern:**

- Full-Time BSW Student (Field in Spring)
- Part-Time BSW Student (Field in Spring/Summer)
- Full-Time MSW Generalist Student (Field in Fall/Spring)
- Part-Time MSW Generalist Student (Field in Fall/Spring/Summer)
- Full-Time MSW Clinical Student – Advanced Standing (Field in Fall/Spring)
- Full-Time MSW Clinical Student - 2 Year Program (Field in Fall/Spring)
- Part-Time MSW Clinical Student (Field in Fall/Spring/Summer)

**Date of Performance Improvement Plan Meeting:** \_\_\_\_\_**Name of Intern:** \_\_\_\_\_**Intern Field Instructor:** \_\_\_\_\_**Intern Task Supervisor (if appropriate):** \_\_\_\_\_**UCF Field Liaison:** \_\_\_\_\_**Names of all those present at meeting:** \_\_\_\_\_  
\_\_\_\_\_**Date for Follow-up Meeting(s):** \_\_\_\_\_

Intern has demonstrated impairment or lack of professional functioning in one or more of the following areas:  
(Check all that apply):

- \_\_\_\_\_ 1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior
- \_\_\_\_\_ 2. A professional or ethical breach (either one major or several minor)
- \_\_\_\_\_ 3. An inability to acquire professional skills to reach an acceptable level of competency
- \_\_\_\_\_ 4. An inability to control personal stress, psychological dysfunction and/or excessive emotional reactions that interfere with professional functioning
- \_\_\_\_\_ 5. The intern does not acknowledge, understand, or address the problem when it is identified
- \_\_\_\_\_ 6. The problem is not merely a reflection of a skill deficit that can be rectified by academic training
- \_\_\_\_\_ 7. The quality of services delivered by the intern is consistently negatively affected
- \_\_\_\_\_ 8. The problem is not restricted to one area of professional functioning
- \_\_\_\_\_ 9. A disproportionate amount of attention by personnel is required
- \_\_\_\_\_ 10. The intern's behavior has not changed despite feedback, remediation efforts, and/or time

Currently, **Intern** demonstrates having some deficit in a competency area. The focus of this document is on those areas where the Field Instructor/Field Liaison/Agency supervisor(s) believe that, given current intern skill level, and the expected amount of supervision and guidance, it is unclear if the social work intern will be at the expected level of proficiency by the end of the semester or recommended timeline. As such, a modifications must be made to assist intern in desired areas (outlined below). Intern will be reassessed by the end of the semester or by **(date)**.

## SOCIAL WORK INTERN PERFORMANCE IMPROVEMENT PLAN (CONT.)

**Check all areas in which the intern's performance does not meet the appropriate skill level:**

Social Work Competencies:

- Professionalism
- Self-Assessment/Self-care
- Individual and Cultural Diversity
- Ethical and Legal Standards
- Policy
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Practice Behaviors:

- Assessment (Initial Assessments)
- Critical Thinking Skills
- Intervention (Individual/Group counseling skills, Crisis Intervention)
- Consultation
- Supervision
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

1. Description of the problem(s) in each competency checked above:
  
  
  
  
  
  
  
  
  
  
2. Approximate date the problem was brought to intern's attention and by whom:
  
  
  
  
  
  
  
  
  
  
3. Steps already taken by intern to rectify the problem) that was identified:
  
  
  
  
  
  
  
  
  
  
4. Steps already taken by the Field Instructor, Field Liaison, Agency Task Supervisor to address the problem(s):

**SOCIAL WORK INTERN PERFORMANCE IMPROVEMENT PLAN (CONT.)**

<b>Problem Behavior</b>	<b>Expectations for Acceptable Performance</b>	<b>SW Intern Responsibilities/Actions</b>	<b>Field Instructor/Task Supervisor Actions</b>	<b>Timeframe for Acceptable Performance</b>	<b>Assessment Methods</b>	<b>Dates of Evaluation</b>	<b>Consequences for Unsuccessful Remediation</b>

## SOCIAL WORK INTERN PERFORMANCE IMPROVEMENT PLAN CONTRACT

I, \_\_\_\_\_ the social work intern, understand that I am to follow the identified remediation plan. I understand that I must demonstrate change in areas listed to successfully complete my field placement satisfactorily and without reservations. I understand that this plan or action is in addition to all standard requirements for completing my internship.

My signature below indicates that I fully understand the above. My comments, if any, are below:

Social Work Intern comments:

\*All agency staff/faculty with responsibilities or actions described in the above remediation plan agree to participate in the plan as outlined above. Please sign and date below to indicate your agreement with the plan.

Social Work Intern: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Field Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Task Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
(If appropriate)

UCF Field Liaison: \_\_\_\_\_ Date: \_\_\_\_\_

Field Education Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_  
(If appropriate)