University of Utah Department of Physical Therapy

**Action Plan Form**

**CI Signature:** ____________________________  **Student Signature:** ____________________________

**Date of Start of Plan:** ____________________________

<table>
<thead>
<tr>
<th>Problem</th>
<th>Specific Activities (The student will fill in this section. Add activities / strategies to meet expected outcomes)</th>
<th>Outcome Measurement (what student, CI, CCCE will see, hear or feel to verify accomplishment)</th>
</tr>
</thead>
<tbody>
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**Consequences for Unsuccessful Completion**

A “Smart” Objective is:
1. Specific
2. Measurable
3. Achievable
4. Results centered
5. Time bounded

At completion of the time frame:

**Date**

**Student**

**CI**