

University of Utah Department of Physical Therapy  
**Action Plan Form**

CI Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date of Start of Plan: \_\_\_\_\_

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

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 \_\_\_\_\_