



Performance Improvement Plan (PIP)

Student Information

- Student Name: _____
- Student ID: _____
- Program: _____
- Course Title & Number: _____
- Clinical Site/Agency: _____
- Clinical Instructor/Faculty: _____
- Date of PIP Initiation: _____

I. Purpose of the Performance Improvement Plan

The purpose of this Performance Improvement Plan (PIP) is to provide the student with a structured opportunity to correct identified areas of unsatisfactory performance, promote professional growth, and ensure safe and effective nursing practice in accordance with the CSON policies, ANA Code of Ethics, and State Board of Nursing standards.

II. Areas of Concern

(Identify the specific issues or unsafe practices observed. Be factual and objective.)

Category	Description of Deficiency or Concern	Date/Example Observed

III. Expected Outcomes and Measurable Objectives

Performance Area	Expected Outcome/Objective	Evaluation Criteria

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IV. Action Plan and Support Strategies

Action Steps (Student Responsibility)	Support Measures (Faculty/Preceptor Responsibility)

V. Timeline for Improvement

Start Date: _____

Midpoint Evaluation Date: _____

Final Evaluation Date: _____

Failure to meet all expected outcomes by the final evaluation date may result in one or more of the following:

- A Clinical “F” Day
- Failure of the course
- Dismissal from the nursing program, in accordance with College of Nursing policy

VI. Evaluation of Progress

Evaluation Period	Summary of Progress	Met / Not Met	Faculty Signature / Date
Midpoint		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Final		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	

VII. Acknowledgment

I understand the areas of concern identified above, the expected outcomes, and the actions required for successful completion of this Performance Improvement Plan. I acknowledge that failure to meet these expectations may result in further disciplinary action up to and including course failure or dismissal from the program.

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Program Coordinator Signature: _____ Date: _____

VIII. Final Disposition

- Successfully completed the Performance Improvement Plan.
- Failed to meet required outcomes; referred to the Program Coordinator for review and further action.
- Other (specify): _____