

**Cleveland State University  
Level II Fieldwork  
Professional Growth Plan**

Purpose of Plan:

Objective Summary of Student Performance/Reasons for Plan:

Outcome Statement:

Consequences of Not Meeting Stated Outcomes by Target Date:

\_\_\_\_\_  
Student Signature Date \_\_\_\_\_

\_\_\_\_\_  
Fieldwork Educator Signature Date \_\_\_\_\_

\_\_\_\_\_  
Academic Fieldwork Coordinator Signature Date \_\_\_\_\_

**Cleveland State University  
Level II Fieldwork  
Professional Growth Plan**

	<b>Area(s) Identified for Growth</b>	<b>Expected Outcome(s)/Criteria</b>	<b>Methods</b>	<b>Progress Review Date</b>	<b>Target Date</b>
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					

**Student and Fieldwork Educator should each keep one copy of this form. One signed copy must be faxed to the Academic Fieldwork Coordinator.**

**CSU Department of Health Sciences**

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