**Essentials Notification (Early Alert)**

Date:

Student Name:

Student UW Email:

Student Program:

Quarter/Year:

Faculty/Instructor(s):

Vice Chair / Department Chair:

SUMMARY

(Summarize the situation, background, and concerns related to the student’s academic progress and/or professional development.)

ESSENTIALS EXPECTATIONS NEEDING ATTENTION

(Identify specific unmet expectations, competencies, or behaviors, with examples where possible.)

EXPECTATIONS AND ACTION PLAN

(Outline what the student must do to be successful in the program, including deadlines or checkpoints.)

ACKNOWLEDGMENT

The student’s signature documents that the student has had a chance to read and review the information. The signature **does NOT indicate agreement** with the substance of the Essentials Notification or Development Plan.

SIGNATURES

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Coordinating Committee Chair Signature & Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
OSAA Program Official Signature & Date

Copies to:

* Department Chair/Vice Chair
* OSAA Program Advisor
* Student File
* Program Specific (as indicated):
  + A/BSN Clinical Course: Course Coordinator
  + CIPCT Course: CIPCT Program Directors
  + DNP Course: Specialty Director
  + PhD Course: PhD Coordinating Committee Chair and Faculty Advisor