



## Student Development Plan

Date:

Student Name:

Student UW Email:

Student Program:

Course Number & Title:

Quarter/Year:

Faculty/Instructor(s):

Vice Chair / Department Chair:

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### PURPOSE

This plan supports student success by identifying factors influencing academic progress and co-creating strategies that promote learning, development, and well-being. The Notification/Alert Summary, Resources, and Action Plan reflect information provided by faculty through the Notification/Alert process.

### NOTIFICATION/ALERT SUMMARY

(Summary of the information shared in the faculty notification, including any relevant context related to the student's academic progress and/or professional development.)

### PROGRAM ADVISOR CONSULTATION & DEVELOPMENT PLAN

During the meeting with the Academic Program Adviser, we discussed strategies to support your academic success, identified relevant resources, and established a follow-up plan to monitor progress and explore options within your program.

### AREAS DISCUSSED: *(check all that apply)*

- Balance (social distraction, work and/or outside commitments, etc.)
- Communication with instructors or peers
- Health & Wellness
- Study Skills (time management, test-taking, navigating syllabus, calendar reminders, motivation, etc.)

Other:

### RESOURCES TO SUPPORT EXPECTATIONS AND ACTION PLAN

(Outline resources that can assist student in meeting expectations and progress.)



**RESOURCES/REFERRALS:** *(check all that apply)*

- Academic Adviser
- Career Pathway (job exploration, resume, career fair, certificates, etc.)
- Faculty
- General Support
- Health & Wellness
- Odegaard Writing and Research Center
- Sim Center Support
- SoN Writing Coach
- Tutoring or Study Skills
- Other:

**PROGRESS PLAN**

(Document agreed-upon next steps, timelines, and follow-up expectations.)

**ACKNOWLEDGMENT**

The student’s signature indicates they have had an opportunity to read and review this plan. The signature does not indicate agreement with the content of the Notification/Alert or Development Plan.

**SIGNATURES**

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

\_\_\_\_\_

\_\_\_\_\_  
OSAA Program Advisor Signature & Date

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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