

**Hodges University Clinical Mental Health Counseling Program**

**Student Development Plan**

Student Name \_\_\_\_\_ Date of plan \_\_\_\_\_

Student ID # \_\_\_\_\_ Original or follow-up (circle one)

Faculty present \_\_\_\_\_

1. Identify the specific concerns which the student will need to address. Give examples of each concern. Identify goals and objectives that the student has brought with him/her that match this area of professional improvement. Link each concern to a section of the 2014 American Counselor's Association Code of Ethics.
  
2. Describe previous informal steps that have been taken to address this concern with the student. Identify with the student any attempts the student has made already to address this concern.
  
3. Identify goals with the student and measurable objectives acceptable to all so that faculty and the student will know the goal has been achieved. (Remediation strategy)

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

Program Director \_\_\_\_\_ Date \_\_\_\_\_

Original plan \_\_\_\_\_ Updated Plan \_\_\_\_\_