

Emory University
Nell Hodgson Woodruff School of Nursing
Goal Setting Plan for Student Improvement

Student: _____ Date: _____

Faculty*: _____ Date: _____

Adviser: _____ Date: _____

1. Statement of the academic/clinical/conduct performance issue(s):

2. Goals to be achieved during the goal setting period: (*SMART Goals – specific, measureable, achievable, realistic, time-based*)

3. Outcome if goal(s) are not achieved:

Re- evaluation Date(s): _____; _____; _____

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Adviser Signature: _____ Date: _____

OUTCOME OF GOAL SETTING PLAN

Summary:

Select the goal setting outcome (#1, 2 or 3):

1. Goals attained, no further goal setting action:

Date: _____

2. Goals partially attained, sufficient progress noted and subsequent goal setting plan continued or modified.

Date: _____

3. Goals not attained, satisfactory progress not noted, outcome:

Date: _____

Student Signature: _____ Date: _____

Faculty Signature*: _____ Date: _____

Adviser Signature: _____ Date: _____

**Faculty may include: Course Faculty, Specialty Coordinator, Program Director, or Associate Dean.
Send Copy to: Student, Adviser, Faculty, Assistant/Associate Dean.*