



# Sacred Heart UNIVERSITY

COLLEGE OF NURSING

## STUDENT PLAN OF ACTION

Course: \_\_\_\_\_ Date: \_\_\_\_\_  
Student Name: \_\_\_\_\_  
Due Date: \_\_\_\_\_

Academic Issue: \_\_\_\_\_  
Clinical Issue: \_\_\_\_\_  
Professional Issue: \_\_\_\_\_

Problem/Contributing Factors	Behavioral or Learning Specific Activities (in order to achieve objectives)	Outcome Measurement/Date (what student & faculty will see, hear, or feel to verify accomplishment)
A smart objective is: Realistic Understandable Measurable Behavioral Achievable		
		Date: _____ Student Signature: _____ Faculty Signature: _____