

**Stephen F. Austin State University  
DeWitt School of Nursing  
Action Plan**

Semester: \_\_\_\_\_ Course Number/Name: \_\_\_\_\_ Submitted by: \_\_\_\_\_

<b>Performance Concern</b>	<b>Unmet Learning Outcome/ Unit Assessment</b>	<b>Action/Support Provided</b>	<b>Date/Action Timeline</b>	<b>Responsibility</b>	<b>Outcome/Evaluation</b>
<i>List problem identified and/or findings</i>	<i>List number only</i>	<i>List training, or education provided, or mentoring activity, etc.; used to develop/improve performance</i>	<i>Reassessment date</i>	<i>Faculty position responsible for data</i>	<i>Results / Recommendations / Completion or Resolved Date</i>