

**FOLLOW-UP ASSESSMENT**  
(Plan of Improvement continued)

**Candidate's Name** \_\_\_\_\_ **ID#** \_\_\_\_\_

**This plan of improvement has been:**

\_\_\_\_\_ Fully accomplished

\_\_\_\_\_ Partially accomplished

Explain:

\_\_\_\_\_ Not accomplished

Explain:

**Program reader recommendation:**

\_\_\_\_\_ Completed Submission I: Admission to the program

\_\_\_\_\_ Completed Submission II: Pre-Clinical Practice

\_\_\_\_\_ Completed Submission III: Clinical Practice

\_\_\_\_\_ Additional plan of improvement

\_\_\_\_\_ Other

Program reader signature \_\_\_\_\_ Date \_\_\_\_\_

Candidate's signature \_\_\_\_\_ Date \_\_\_\_\_

(Candidate's signature reflects review of this document, but not necessarily agreement with it.)