Fitness Alert Policy and Procedure

Policy

If any WCOE degree candidate repeatedly behaves inappropriately leading a faculty member to question the student’s fitness for assuming a professional role, the professor will warn the student that said behavior is unacceptable and will document the warning/s. If the student’s behavior and/or response to warnings do not demonstrate a change, the faculty member will complete the Fitness Alert Form and inform the student of the following steps that will occur.

If a candidate shows an egregious lack of judgment suggesting lack of professional fitness, a fitness form may be issued without a previous warning.

Procedure

Issuing the Fitness Alert Form requires the following action.

1. The student’s advisor and the Chair of the program responsible for the student’s major shall receive a copy.
2. A five member committee shall include WCOE Dean and at least one representative from outside the candidate’s department. The Fitness Alert Committee Chair, who is appointed by the Dean, will appoint committee members.
3. Within ten days from the time the Professional Fitness Form was submitted the committee shall convene and meet with the student and the reporting faculty member.
4. The situation shall be described and discussed. The committee can dismiss the complaint, issue the Intervention and Growth Plan, or dismiss the student from academic program.
5. The student, the advisor, and the Chair of the program responsible for the student’s major shall receive a copy of the decision of the committee.
6. If the student’s behavior remains inappropriate, the original faculty committee shall reconvene to consider the student’s dismissal.
Professional Fitness Form

Candidate’s Name: ___________________________ Department: ___________________________

Reporting Professor: ______________________ Date: ___________________________

This Fitness Form informs you of the following concerns regarding professional expectations which are not being met or are deficient as indicated. You are required to meet with the Fitness Faculty Committee to clarify all concerns and to determine what actions will be taken.

**Academic Behavior**
- ___demonstrates a lack of planning skills
- ___shows deficiencies in professional skills
- ___demonstrates a lack of content knowledge
- ___assignments late
- ___Failure to meet class requirements
- ___Ineffective use of written/oral language

**Professional Behavior**
- ___poor punctuality
- ___poor class/field placement attendance
- ___inconsistent daily preparation for class or field work
- ___unacceptable language with students or clients
- ___evidence of cheating/plagiarism
- ___inappropriate social interaction with students, clients, other candidates
- ___failure to provide necessary follow-up for client’s or student’s safety, well-being
- ___inability to contain personal issues and attend to professional responsibilities
- ___failure to maintain appropriate confidentiality

---

**Interpersonal Behavior**
- ___failure to accept constructive feedback
- ___failure to implement constructive suggestions
- ___displays hostilities toward others
- ___inability to contain personal issues & attend
- ___failure to interact with all students, clients
- ___refusal to accept help when needed
- ___failure to be open to new ideas

**Collaborative Behavior**
- ___does not work well with others
- ___lack of initiative in group work

---

Other: ________________________________________________________________

Failure to correct the deficiencies noted above may result in removal from the program.

Candidate: __________________________________________ Date: _________________________

Department Chair: __________________________________________ Date: _________________________
Intervention and Growth Plan

Candidate: ___________________________  Period of Intervention from: _________ to _____________

1. Areas in which candidate’s behavior requires change.

2. Professional improvement activities and dates for completion.

3. Evidence that will be used to determine that professional improvement activities have been completed.

___This plan has been successfully completed.  ___This plan has not been successfully completed.

Committee Members’ signatures: __________________________________ Date _____________

____________________________________ Date _____________

____________________________________ Date _____________

____________________________________ Date _____________

Dean: ______________________________________ Date _____________