

Carleton College

Performance Improvement Plan Feedback & Action Plan

*****To be completed and returned with in two days after Counseling is given.**

Name: _____ Date: _____

Feedback & Action Plan for the Counseling (PIP) Statement dated: _____

I have received a copy of the above Performance Improvement Plan. It is my understanding that what I did/did not do to receive this was:

In order to improve my contributions at Carleton College, it is my understanding that I am expected to:

My plan of action to accomplish meeting the expectation is to:

Comments:

Signed: _____ Date: _____