**VALENCIAlogo_(300**

**Advanced Practice Plan Report**

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| **Candidate’s Name** |  |
| **Dean’s or Director’s Name** |  |

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| Candidate’s Advanced pRACTICE Plan | |  | | |
|  |  | One | | comments / Recommendations for Improvement |
| Candidate’s Needs Assessment Discussed | Identifies a specific area to advance his or her practice.  Discusses rationale for this choice. | YES | NO |  |
| Candidate’s Benefits to Self Discussed | Describes personal and professional benefits to self. | YES | NO |  |
| Candidate’s Benefits to Students, the College, the Discipline, or the Community Discussed | Describes potential benefits to students, the discipline, the college, or the community. | YES | NO |  |
| Candidate’s Plan Discussed | Describe the scope of the plan, including the timeline for implementation and reflection. | YES | NO |  |