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**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 |       |