

Lake Area Technical College
Physical Therapist Assistant (PTA) Program
Action Plan Form

CI signature: _____

Student signature: _____

Date of Start of Plan: _____

Problem	Specific Activities (The student will fill in this section. Add activities that will facilitate achievement of the outcome)	Measurement (what student, faculty, CI will see, hear or feel to verify accomplishment)
Consequences of Unsuccessful Completion		

A "Smart" Objective is:

1. **S**pecific
2. **M**easurable
3. **A**chievable
4. **R**esults centered
5. **T**ime bounded

At completion of this time frame:

Date: _____

Student: _____

CI: _____