

School of Health Sciences

Problem Solving Session Worksheet

Student Name: _____ Instructor Name: _____

Appointment Date & Time: _____

Prior to the appointment, the student completes the problem description section of this worksheet. The instructor will complete the Instructor Assessment section during the meeting.

PROBLEM DESCRIPTION (to be filled in by student)

Student's statement of problem:

Student's suggested solution for the problem:

INSTRUCTOR ASSESSMENT (to be filled in by instructor)

Instructor's comments:

Plan for resolution. Include timeline, goals, etc., as appropriate:

By signing this form, the student acknowledges that a meeting with the instructor has occurred and the above information was discussed. The student signature does not necessarily indicate that the student agrees with the resolution proposed by the instructor. The student is to be provided a copy of this completed form.

Student Signature Date

Instructor Signature Date

Other Signatures (as Needed) Date

Other Signatures (as Needed) Date