

DNP STUDENT PROGRESSION REVIEW FORM

The review is to be completed and recorded as directed by each specialty track. This review must be discussed in a meeting between the student and advisor. The form must be signed by both the student and the advisor. Copies should be retained by the student and the student's advisor.

Student Name:		UK ID:
Advisor Name:		
Term Admitted:		
Date of Review:		Semester & Year of Program:

1	Is student's progress consistent with the Plan of Study filed?	YES	NO
	If no, what barrier, if any, has the student experienced in fulfilling the plan of study?		
2	GPA at time of Review:		
3	Number of C grades on transcript: _____		
4	Has student chosen final project focus? If no, explain in item 9.	YES	NO
	Project focus:		
5	Is full Student Advisory Committee in Place (Pre req for NUR 909 & 918 along with approved project proposal)	YES	NO
	Name of DNP student Clinical Mentor: _____		
	Name of College Committee Member: _____		
	Other, if applicable: _____		
	Information on Committee filed with the Office of Student Affairs Yes No		
6	<ul style="list-style-type: none"> ➤ ATTACH updated student resume including the student's clinical scholarship activities during the past year (e.g. complete citation of Publications and presentation, awards or honors, receipt of fellowships or grant, etc.) ➤ Discuss STUDENT GOALS FOR THE COMING YEAR (e.g. final project proposal, course work, manuscript options, Portfolio, etc.) 		

7	<p>Portfolio – Discuss/select assignments to be applied to DNP Essentials for Student Portfolio.</p> <p>Number of assignments/documents uploaded to Portfolio?</p>
8	<p>Overall Progress to date:</p> <p><input type="checkbox"/> Exceeds Expectation <input type="checkbox"/> Meets Expectation <input type="checkbox"/> Not meeting expectations</p> <p><i>(If student is not meeting expectations AN EXPLICIT ACTION PLAN IS REQUIRED BELOW.)</i></p>
9	<p>Advisor’s Comments, Recommendations and, if indicated, an EXPLICIT ACTION PLAN</p> <p>9.1 Advisor’s Comments</p> <p>9.2 Advisor’s Recommendations</p> <p>9.3 Is a revised Plan of Study Indicated? Yes No If Yes, Has the Revised Plan been filed? Yes No</p> <p>9.4 IF STUDENT IS NOT MEETING EXPECTATIONS (See Item 8 above) AN EXPLICIT ACTION PLAN IS REQUIRED. If indicated, describe the Action Plan below.</p>
<p>Signatures: _____ _____</p> <p style="text-align: center;"> Student/Date Advisor/Date</p>	

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