



NESA BN Programs



Enhancement Plan (EP)

Student Name:

Instructor Name:

Course ID:

Practice Site:

Commencement Date of EP:

Completion Date of EP:

This EP has been developed to support student success and to assist the student in meeting the outcomes for the nursing course. The function of this EP is to communicate concerns with the student's current performance and to provide strategies and clear expectations around skills, knowledge, and/or behaviour(s) to assist the student in meeting the course outcomes.

Failure to meet the terms of this EP or unsatisfactory performance in relation to the course outcomes will result in failure of the course. It is expressly understood that successful completion of this EP does not automatically result in a successful completion of the course. All course outcomes and behavioural indicators must be met by the end of the course to be successful.

If the student changes practice sites prior to the completion of this EP, the EP will be provided to the new instructor by the initiating instructor and will continue to be in effect.

PART A: Learning Plan

Course Outcome	Area for Improvement	Evidence from Praxis (provide dates, if applicable)	Expected Performance, Knowledge, or Behaviour	Actions or Strategies for Success	Due Date; Time Frame
1.					
2.					
3.					

Note: Add extra lines as required

The signature of the student indicates that they have met with the instructor and have had an opportunity to discuss their performance and understand the conditions of the EP; it does not necessarily imply agreement.

Student Name/Signature

Date

Instructor Name/Signature

Date

cc: Practice / Program Coordinator or Program Chair

PART B Review and Evaluation (provide narrative on what has transpired?)

Requirements of Enhancement Plan met: YES NO¹

The signature of the Student indicates that they have met with the Instructor and have reviewed and discussed the outcome of this EP.

¹ If "NO" communicate planned course of action to student and Practice/Program Coordinator or Program Chair.

Student Name/Signature

Date

Instructor Name/Signature

Date

cc: Practice / Program Coordinator or Program Chair

Note: The complete and signed copy of the EP must be sent to the Practice/Program Coordinator or Program Chair as part of the student's file. It also will be attached to the student's Practice Evaluation Tool.