



APK INTERN DISCIPLINARY ACTION FORM

Name of Intern: _____ Date of report: _____

Site Supervisor: _____ Site: _____

Date(s) of Incident _____ Type of Incident: Professionalism Other

DESCRIPTION: (Give facts, dates and/or specific instances surrounding incident)

TYPE OF ACTION: (Dismissals require APK Undergraduate Internship Committee (UIC) consultation prior to action)

APK Undergraduate Internship Committee Review:

Yes No [if yes, notification date: _____]

Please check all that apply and provide explanation or clarification as necessary

Verbal Counseling

Written Warning

Corrective Action Plan

Next Action Step If Problem Continues:

Site Supervisor: _____

Date: _____

Please submit any additional, relevant information with this form and send it via email to

blaincharrison@ufl.edu