

Policy Number (form): **200b**
 Policy Name: **Suspected Violation of Student Social Media Policy Form**
 Reviewed by: **CNPD Faculty**
 Last Review Date: **03/26/2018**

Student Name: _____
 Department: _____

Action Plan	Description	
S-Situation	<i>Briefly describe the suspected behavior or action of concern.</i>	
B-Background	<i>Document the facts suspected behavior or action, including date, time, location/medium, situation, names of persons involved as applicable</i>	
A-Assessment	<i>Identify the seriousness of the behavior or action as it relates to CNPD policies</i>	
R-Recommendations	<i>Set a time and date for a follow up meeting to discuss an action plan for addressing the suspected behavior or action</i>	
		Follow-Up Meeting: _____

Faculty Signature: _____ Date: _____

Student Signature: _____ Date: _____

Action Plan	Description	
Follow-up Meeting	<i>Plan to address suspected behavior or action is shared with student, including resources needed to reach the desired outcome.</i>	
Resolution	<i>Describe resolution</i>	

Faculty Signature: _____ Date: _____

Student Signature: _____ Date: _____

Copy of this form is to be placed in student file and will be removed on student graduation.

Approved by CNPD Faculty **03/26/2018**