PERFORMANCE & DEFICIENCY ALERT & REVIEW FORM (PDAR) PLAN FOR REMEDIATION OF IDENTIFIED DEFICIENCIES

Plan for Improvement	Evaluation Criteria	Timeline for Improvement

Date set for reassessment: _____

_____ _____

Signature of Trainee DATE

_____ _____

Signature of Program Director DATE

Date Remediation Resolved _____

_____

Signature of Trainee DATE

_____

Signature of Program Director DATE