

REMEDIATION FORM: CLINICAL

GENERAL INFORMATION	
Student Name:	Course:
Report Prepared by:	Date:
Clinical facility	Unit:
REASON FOR REFERRAL (CHECK ALL THAT APPLY)	
<input type="checkbox"/> Lack of familiarity with clinical skill	<input type="checkbox"/> Urinary catheterization
<input type="checkbox"/> Needs increase in confidence with skill	<input type="checkbox"/> Tube feedings
<input type="checkbox"/> Needs practice with procedure: see below	<input type="checkbox"/> Fundamental skills (bedmaking/ hygiene)
<input type="checkbox"/> IV insertion/ IV therapy	<input type="checkbox"/> Vital signs
<input type="checkbox"/> Sterile technique	<input type="checkbox"/> Trach care/ suctioning
<input type="checkbox"/> Dressing change	<input type="checkbox"/> Transfer techniques
<input type="checkbox"/> NG insertion or care	<input type="checkbox"/> Behavior issues
<input type="checkbox"/> Ostomy care	<input type="checkbox"/> Dress Code Violation
<input type="checkbox"/> Medication administration	<input type="checkbox"/> Communication problems
<input type="checkbox"/> Isolation protocols	<input type="checkbox"/> Other: (Explain) _____
Detailed Description of student need:	
PRIOR ACTION(S) TAKEN BY CLINICAL INSTRUCTOR	
<input type="checkbox"/> Note on anecdotal record: (date/s): _____	<input type="checkbox"/> Verbal consultation (date/s) _____
<input type="checkbox"/> Contacted course coordinator: (date/s): _____	<input type="checkbox"/> Conference with Student: (Date/s): _____
<input type="checkbox"/> Contact undergraduate director: (Date/s): _____	<input type="checkbox"/> Team meeting (date/s): _____
<input type="checkbox"/> Conference with Chair: Date(s): _____	<input type="checkbox"/> Other action(s): _____
REQUIREMENT(S) FOR STUDENT	
<input type="checkbox"/> Referral to skills lab	
<input type="checkbox"/> Referral to administration	
<input type="checkbox"/> Other action (assignment, etc.) explain:	
RESULTS:	
STUDENT SIGNATURE: _____ DATE: _____ INITIATING INSTRUCTOR SIGNATURE: _____ DATE: _____ SIGNATURE OF FACULTY MEMBER(S) INVOLVED IN ASSESSING RESULTS OF ACTION: DATE: _____	