**CLINICAL WARNING FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: |       | DATE: |       |

|  |  |
| --- | --- |
| Faculty Name completing warning form: |       |
| Course: |  |
| Course coordinator or course lead:  |       |

|  |
| --- |
| Area(s) of concern:  |

Professional Behaviors:

 [ ]  Attendance: absences and/or lateness

 [ ]  Accountability

 [ ]  Communication

 [ ]  Assignments

 [ ]  Unkind or general unprofessional behaviors

 [ ]  Other:

Clinical Skills:

 [ ]  Knowledge deficit

 [ ]  Safe practice

 [ ]  Time management

 [ ]  Student learning outcomes not being met. Identify specific outcomes:

 [ ]  Other:

|  |
| --- |
| Describe issue(s):  |

|  |
| --- |
| Corrective action(s) required by student for successful course completion:  |

[ ]  Modify behaviors and demonstrate accountability in clinical settings

[ ]  Demonstrate appropriate communication

[ ]  Submit any post-due assignments by       and submit any future assignments

 by due dates identified in course syllabus

[ ]  Arrive prepared for clinical and lab experiences

[ ]  Review student learning outcomes and clinical evaluation tool

[ ]  Complete remediation with Office of Academic Services (referral sent:      )

[ ]  Complete remediation with Simulation and Clinical Learning (referral sent:      )

[ ]  Other (describe below):

|  |  |  |  |
| --- | --- | --- | --- |
| Faculty signature: |  | Date: |  |

Student comments:

|  |  |  |  |
| --- | --- | --- | --- |
| Student signature: |  | Date: |  |

Send for to Clinical Coordinator (on-campus or off-campus as applicable), Course Leader, & appropriate Assistant Dean