# Kennesaw State University

**WellStar College of Health and Human Services**

**WellStar School of Nursing**

**PRESCRIPTION FOR REMEDIATION OF CLINICAL LRC SKILLS**

I. requires

**(Student Name)**

remediation in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**(Course**)

II. Student is responsible for removing deficiency(ies) by . (date)

III. Description of deficiency (ies) in the clinical area (attach notes from faculty-student conference if necessary):

IV. Specific steps for removing the deficiency:

(Consultation with LRC Coordinator may be necessary)

V. Is an evaluation necessary? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_

(If yes, then obtain Remediation/Evaluation Prescription Form)

**Student** **Date**

**Faculty** **Date**

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VI. Remediation completed in the lab on

**(date)**

(attach dates of

**(LRC Coordinator)**

specific outcomes).

*My signature signifies that I have read and comprehend the contents of this contract. My signature does not indicate that I am in agreement with the faculty member's evaluation of me. I further understand that if I do not sign this form I will not be permitted to continue in the clinical setting.*

VII. I have completed the steps outlined in section IV for removing the deficiency.

**(Student)** **(Date)**

*Copy and return original to referring faculty upon completion.*

Revised: Fall 1997Reviewed 7/15, 7/16

# Appendix C

# Kennesaw State University

**WellStar College of Health and Human Services**

**WellStar School of Nursing**

**Prescription for Evaluation of Clinical LRC Skills Post Remediation**

I. requires evaluation in

**(Student)**

**(Course)**

II. Student will be evaluated on .

**(Date)**

III. Description of area(s) to be evaluated:

**(Student)** **(Date)**

**(Faculty)** **(Date)**

IV**. EVALUATION OUTCOME:**

The student has ***Satisfactorily Unsatisfactorily*** met the area(s) outlined in Section III.

V. **COMMENTS:**

**(Print student name)** **(Date)**

**(Student signature) (Date)**

*My signature signifies that I have read and comprehend the contents of this contract. My signature does not indicate that I am in agreement with the faculty member's evaluation of me. I further understand that if I do not sign this form I will not be permitted to continue in the clinical setting.*

Revised: Fall 1997

Reviewed 7/13, 7/14, 7/15, 7/16, 7/17