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Welcome to the clinical portion of your education in nursing. Clinical education, under the supervision of skilled preceptors, provides students with the “real world” experiences they need to develop as nursing professionals. Arguably, the most important responsibility of the preceptor is to socialize the student to their respective role through both formal and informal education. The preceptor guides the student's clinical learning experience, facilitates student autonomy, and acts as a role model.

This Student Clinical Orientation Manual was developed to convey information to students enrolled in a clinical course about policies and procedures for clinical practicum in the Department of Nursing. These policies and procedures adhere to the standards of practice for NYS nursing professionals. It is expected that students will read and comply with the policies, procedures, and standards contained within this Manual.

Thank you,

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Clinical Health Clearance

Students in all clinical courses must complete health clearance requirements as determined by Le Moyne College. The Department of Nursing uses Castle Branch to facilitate the clearance process. Please use the link below to submit clearance documents in order to be registered for a clinical course. **You cannot start clinical until all Health Clearance requirements are met.** Be sure to correctly identify your program of study for castle Branch

https://portal.castlebranch.com/LN88

Clearance documents include:
- Physical within 1yr of practicum experience completion
- Two-Step PPD testing within 1yr of practicum experience completion
- Titers:
  - MMR
  - Varicella
  - Hepatitis B
  - Tetanus
  - Influenza
- Valid RN license
- Valid CPR Card

Appointments can be made at the LMC Wellness Center via email at healthservices@lemoyne.edu or via phone at (315) 445-4440. Please be advised that the Wellness Center is **CLOSED during the SUMMER.**

Failure to complete your health clearance will delay entrance into the clinical practicum and may result in a student being administratively withdrawn from a clinical course. Your will not be re-enrolled until proof of your health clearance is established.
Clinical Practicum Experiences

***Please be advised that students may need to travel in excess of 60 miles for clinical site placements. Students are responsible for travel, gas, and parking fees.***

**Undergraduate Clinical:**
Two courses require the student to complete clinical practicum experiences.
- Management/Leadership (NSG 410) → 22.5 hours
- Community Health (NSG 440) → 45 hours

The student will be assigned an appropriate clinical placement at the beginning of each course. The student must achieve satisfactory completion of both the clinical practicum portion and didactic component of these courses (according to specific criteria outlined in each course syllabus) to receive a passing grade. Students must comply with all clinical agency regulations regarding conduct and dress codes. Also, they must be in compliance with agency and college health and safety policies. Further information and Evaluation Tools will be provided by the Clinical Coordinator in each class.

**Graduate Clinical:**

**Educator Program**
- Teaching Practicum (NSG 701) → 180 hours

**Administrator Program**
- Administrative Practicum (NSG 703) → 180 hours

The student, in conjunction with the instructor, select an appropriate agency or institutional placement prior to the beginning of the semester to fulfill learning requirements. The graduate student is responsible for identifying a preceptor in advance of the semester in which the practicum experience will occur and the Clinical Coordinator will facilitate clinical contracts. Further information and Evaluation Tools will be provided by the Clinical Coordinator for each practicum.

**FNP Program**
The FNP student must complete a minimum of 810 hours of clinical practice beginning in the second semester of the full-time program of study and beginning in the fourth semester of the part-time program of study, as outlined in the curriculum plans respectively. Clinical hours must be completed in the semester or summer session in which a clinical course is taken. Clinical sites encompass a variety of out-patient, community-based and some acute care practice settings. The clinical hours are allocated based population groups outlined below:
- 20 – 64 years (adult) = 300 hours
- 65 + years (older adult) = 110 hours
- 0 – 21 years (child and adolescent) = 200 hours
- Women’s Health = 100 hours
- Specialty = 100 hours
Prior to admission, the Family Nurse Practitioner (FNP) students are expected to identify potential preceptor and clinical sites in their community. The Clinical Coordinator will facilitate clinical contracts and schedules in advance of the semester in which the preceptorship experience will occur and will work to secure additional sites. The Clinical Coordinator will provide the student with agency and preceptor contact information in advance of the clinical start date. Students are encouraged to locate clinical preceptors on their own but once a preceptor and site is found, the Clinical Coordinator **MUST** be contacted in order to facilitate the contract process. **Contracts can take up to 12 weeks to execute.**

**Clinical Practicum Policies**

**Attendance**
1. Clinical preceptorships and practicums are graded.
2. Students are required to attend designated clinical days. Exceptions, if made, are at the discretion of the clinical faculty, clinical preceptor, and the faculty course coordinator. The clinical schedule may be adjusted to insure all clinical hour requirements are met.
3. Punctual attendance is required at all clinical sessions. **Plan to be at the site at least 15 minutes before the start of scheduled patients.**
4. If the student is going to be late to the clinical area, the student is expected to call the clinical site as soon as possible so the preceptor can be notified.
5. In case of an emergency or when the student cannot attend the clinical session, the student must:
   a. Call the clinical preceptor or designated contact person at the clinical site prior to the start of the clinical session or as soon as possible; and
   b. Notify the clinical faculty advisor as soon as possible.

**Failure to adhere to these attendance policies with ongoing absenteeism or tardiness will result in an “Unsatisfactory” evaluation**

**Professional Dress & Behavior Code**

All students associated with Le Moyne College, Department of Nursing are expected to maintain a neat, clean, professional appearance at all times.

Professional dress for graduate students should be appropriate for their role and the specific clinical site. In some cases, students may need to follow dress codes that are designated by the specific site.

1. **Lab coats** are to be worn at all times in the clinical area, unless otherwise directed by the Preceptor. *(FNP ONLY)*
2. **Comfortable footwear** with an enclosed heel and toe are required. Heels should not be higher than 2 1/2 inches.
3. Clothing must be neat, clean, in good repair.
4. Women: Dress shirts, slacks, khakis, and knee length dresses or skirts are acceptable.
5. Men: Dress slacks, khakis, and collared shirts with ties are acceptable.
6. Jeans, Tee shirts, and sneakers are not acceptable.
7. Tattoo: All tattoos must be covered during a clinical experience.
8. Hair: Hair must be neat and clean. Extreme hair colors, hairstyles and hair ornaments should not be worn in a professional health care setting. Beards and mustaches must be well groomed and kept clean. If you have long hair, be prepared to hold it back or to wear a surgical cap for certain clinical procedures.
9. Nails: Nails must be kept short enough so as not to injure the patient. Clear or light colored nail polish may be worn, as long as it is neat. Be aware that some institutions do not allow nail polish.
10. Jewelry: Jewelry must be conservative and kept to a minimum. Visible pierced body jewelry is limited to one to two earrings in each ear lobe. Visible body piercing including tongue stud/ring, nasal stud/ring or brow jewelry is to be removed prior to patient care.
11. Fragrance: Non-scented make-up and hair products may be worn. No perfumes or colognes are permitted. Lotions and deodorants must be limited to those bearing a light scent.
12. No chewing gum or tobacco: Neither of these products are allowed during clinical experiences. Note that smoke odors embedded in clothing can be offensive to patients and staff.
13. Technology: Use of computers or smart phones during the clinical day are restricted to researching databases or health related sites. At NO time is gaming or accessing social media accounts acceptable. Taking pictures of patients with your personal phone is forbidden. You cannot accept personal calls or texts while you are seeing patients or working with your preceptor in the clinical. You may make or respond to calls or messages when you are on break.

Identification
The following identification must be worn and clearly visible in every clinical setting:
- Le Moyne College Student ID Badge should be worn on the breast pocket of your lab coat.
- An Institutional ID Badge should be worn in any health care agency that requires one and provides one.

Failure to comply with the DON Professional Dress & Behavior Code will result in potential dismissal from the clinical setting. If there are repeated clinical violations, the student will receive an Academic Warning for unprofessional behavior and may fail the clinical portion of the course.
Student Behavior/Incidents in the Clinical Setting

Behavioral Probation
The hallmarks of a nursing professional are to exhibit at all times the behaviors that represent the practice standards and norms of ethical conduct expected of undergraduate and graduate nursing students. A violation of these expected behaviors may result in a decision by the Chair of Nursing and the Dean of the Purcell School of Professional Studies, in conjunction with the Academic Standards Committee (ASC) of the Department of Nursing, to place a student on behavioral probation for a minimum of at least one semester.

In accordance with the American Nurses Association’s Code of Ethics for Nurses with Interpretative Statements (2015), examples of professional behaviors include, but are not limited to, demonstration of the following:

- caring, sensitivity, compassion, tact, integrity, and tolerance towards others
- written, verbal, and nonverbal communication that conveys respect for clients, self, peers, and faculty
- responsibility and accountability for all actions, including timeliness to classroom, laboratory, and clinical experiences as well as prompt reporting to meetings with administrators, faculty, advisors, and preceptors
- appropriate use of technology to maintain client privacy and confidentiality of medical information, to avoid disruptions in learning environments (class, lab, and clinical) as well as in meetings with students, faculty, staff, and colleagues, and to project a professional image on social media venues
- appearance and conduct that conveys professional demeanor and adheres to institutional policies and procedures
- remaining free of chemical dependency or substance abuse in classroom, laboratory, and clinical settings

Steps to Implement Behavioral Probation
The following processes will be followed to invoke the consequences that will occur when a student’s unprofessional behavior is witnessed and reported by a faculty or staff member of the College, a clinical preceptor, or a fellow student:

- Level I: Warning System
- Level II: Probationary Period
- Level III: Probationary Period Extended or Dismissal of Student

No more than one probationary period involving a given student may be allowed during his/her undergraduate or graduate degree program. If behavior does not satisfactorily improve to meet professional standards, the student will be referred to the Dean of the Purcell School of Professional Studies for a decision regarding student status in the nursing program and at the College, which could result in dismissal as per institutional policy. (See Appendix A for directions)
Clinical Experience Expectations

Student Responsibilities

1. Provide the primary preceptor with a copies of the signed learning contract (Education, Administration students), course or clinical objectives, and the Preceptor Evaluation of the Student document and ensure its completion prior to the last day of classes for the semester.
2. Contact clinical preceptor and determine the schedule for the clinical experience, including days of week and hours per day.
3. Develop and share daily clinical learning needs/objectives with preceptor and discuss strategies to meet them.
4. Adhere to professional attire that is in accordance with clinical site requirements and Le Moyne College, Department of Nursing Professional Dress Code.
5. Maintain professional behavior in the clinical setting at all times.
6. Demonstrate increasing competencies and progressive independence in clinical knowledge and skills.
7. Work independently according to the preceptor’s judgment and recommendations.
8. Takes initiative in aiding organization project or activity
9. Attend all scheduled clinical experiences on time and prepared, completing all required clinical hours for each clinical course.
10. Notify clinical preceptor and clinical faculty as soon as possible if unable to attend clinical as scheduled and arrange make-up clinical day.
11. Complete clinical preceptor and clinical site evaluations at end of clinical rotation.

Preceptor responsibilities

1. Orient student to the clinical site and agency policies. Discuss with student the preferred method for communication with clinical preceptor and/or clinic site.
2. Facilitate an informal, collaborative, and mutually respectful environment in which to learn.
3. Review the objectives of the course, and student’s daily clinical objectives to determine the type of learning opportunities that will enhance student learning and direct the student to resources and evidence based readings.
4. Assume responsibility for providing a substitute preceptor in the event of an absence.
5. Collaborate with student and faculty to identify learning opportunities.
6. Provide guidance on the level to which the student may practice independently and safely.
7. Provide a role model for professionalism and introduce to the broader health care team.
8. Be available to students, as arranged.

10. Promptly communicate issues of concern or unsafe practice (student behavior, clinical skills, and/or student progression) regarding the student to the clinical faculty.

11. Complete student’s clinical evaluation(s).

12. Verify the student’s clinical hours.

13. Complete Preceptor Information Form and complete abbreviated CV Form prior to student beginning clinical experience.

Clinical Faculty responsibilities
1. Collaborate with student & preceptor to identify learning opportunities within the clinical experience as needed.
2. Assist student and preceptor to optimize clinical learning environment.
3. Support the preceptor and provide ongoing communication regarding the clinical experience.
4. Evaluate written assignments and provide feedback to students.
5. Complete phone conference or site visit to discuss student’s clinical evaluation.
6. Award student’s final grade upon achievement of clinical competencies.
7. Review the student’s evaluation of the clinical preceptor and clinical site and make recommendations as appropriate for on-going use.

Clinical Coordinator responsibilities:
1. Develop and facilitate clinical sites for students in need.
2. Execute contracts in a timely fashion.
3. Communicate with clinical site and preceptors in advance of placements.
4. Communicate clinical information to students in a timely fashion.
5. Provide clinical related materials to the preceptor and student.
6. Notify Clinical Faculty of problems arising in a timely fashion.

Evaluations
Completed evaluations are required for all clinical preceptors. Failure to complete evaluations will result in an unsatisfactory (U) grade for the clinical course, which may result in failure of the clinical course.
Le Moyne College FNP Clinical Site/Preceptor Information

1. The Le Moyne College, Master of Science in Nursing Family Nurse Practitioner (FNP) Program is based on the concepts of primary care. Students graduate from this program with knowledge and clinical skills necessary to provide primary health care for individuals across the life span within the context of family and community.

2. Students are strongly encouraged to network for clinical preceptors. Developing a relationship with a preceptor prior to clinical coursework provides a much more rewarding experience for the student. If you have a clinical site/preceptor in mind, you must seek approval from the clinical coordinator to confirm that it is an appropriate selection and a contract is in place.

3. The clinical coordinator will facilitate clinical sites for students in need of placement but these sites may be up to 60 miles from Syracuse.

4. The primary consideration should be securing a high quality clinical experience that meets the course objectives. Keep in mind that under no circumstances, will students complete the clinical portion of any course under the guidance of their work supervisors or family members. Students may complete clinical experiences in the institution where they are employed when the selected preceptor does not have input into annual work performance evaluations and the physical unit where the clinical hours are completed is NOT the unit where the student is employed. Family members of students cannot be selected as preceptors for any course.

5. The ideal clinical site is a family practice setting and the ideal preceptor is a family nurse practitioner. Students are required to spend at least one full semester (135+ hours) during the program with an advanced practice NP. Although physicians and physician assistants (PAs) can offer valuable experiences, it is important for NP students to observe the NP role. Sites other than a family practice site work well and these include other NPs and physicians in women’s health, pediatrics or adult practices. A PA can also offer a valuable clinical experience as a preceptor. However, due to different practice models, education and licensure/credentialing, PAs do not role model an NP’s practice. Their use as preceptors should be limited when possible and their contracts must be signed by the MD Supervisor.

Preceptor Qualifications
Nurse Practitioner or Physician Assistant preceptors should have a minimum of 2000 hours or one year of full-time clinical experience in the role.
Patient Log Guidelines

Please see the Instructions tutorial on Typhon for specific information on each section. You will complete all of the sections under the Add New Case Log as directed.

**Student Information:** include semester, course, preceptor, clinical site AND setting type.

For **setting type**, indicate if the setting is a pediatric, adult, family medicine or women’s health site AND check the box if it is a primarily rural or underserved population.

**Patient Demographics:** include age, race, gender, insurance (indicate none, private, Medicaid or Medicare) and **if you are referring the pt. out, what type of specialist are you referring to.**

**Clinical Information:** Include the amount of time you spent seeing the pt. Include the amount of time you consulted with your preceptor on the case... you should be logging consult time with your preceptor for every visit.

Examples of **types of decision making** are as follows:

**Straightforward Medical Decision-Making** is the lowest level of Medical Decision-Making (MDM). It is impossible *not* to qualify for it. This level complexity is required for very, very routine encounters such a patient with an **insect bite, head lice.**

**Low Complexity Medical Decision-Making** The acuity of care remains minimal. The degree of risk remains quite low and corresponds to a patient with one chronic illness which is **completely stable like osteoarthritis or HTN.** If there is an acute problem, it should be an uncomplicated clinical issue such as **allergic rhinitis, cystitis or a sprained ankle.**

**Moderate Complexity Medical Decision-Making** A patient with one chronic illness with a **mild exacerbation** or two stable chronic illnesses would satisfy the risk requirement for this level of medical decision-making.

**High Complexity Medical Decision-Making** truly is complex. Either the patient is **quite ill** or the **provider must review a significant amount of primary data.** The patient would need to have a **severe exacerbation of a chronic problem or an acute illness which threatens life or bodily function** to qualify for this level of risk. The data reviewed would have to be quite extensive to reach the threshold for high complexity MDM. This set of circumstances would be unusual for follow-up encounters, but may occur quite often during initial encounters.

*Adapted from E/M University http://emuniversity.com/HighComplexityMedicalDecision-Making.html*
Student participation: Indicate if you only observed, interacted in caring for the pt. less than 50% of the visit, shared the visit 50/50 with your preceptor, or provided more than 50% of the care for the pt.

Encounter #: Indicate if this is your first encounter with the pt or if you have more than 1 encounter with the pt. e.g. if you schedule the pt. to return for follow-up with you and your preceptor on a given day, you will have had 2 encounters with the pt. All of the remaining required information under Add New Case Log is self-explanatory... go to the Typhon tutorials as needed.

ICD-10 and CPT codes: Students in NSG 671 & 672 FNP Clinical I & II do NOT need to complete these areas, however, students in NSG 673 & 674 FNP Clinical III & IV will complete this information.

What we want to see in your pt. clinical notes:

Record data on every pt. you see in clinic. For each pt. you see, in the area called CLINIC NOTES, you need to provide BRIEF information on what the pt. came in for, what the pt. was treated for and with, and when and if they pt. needs follow-up care. ADDITIONALLY, if you saw something or did something of interest, e.g. you sutured a laceration, saw a pt. with a ZEBRA disease, performed a skin bx, etc., include these events in your clinic notes.

An example Clinical Note entry might look like: Pt is a 49 year old male complaining of cough, runny nose, and congestion x 3 days. Pt reports clear mucus, denies any chills or fevers. Has been taking OTC multi-symptom cold prep with relief. Pt dx with acute viral sinusitis. Rx Flonase two sprays in each nostril daily, was educated to rest, increase, fluids and continue with OTC cold prep prn. Call office in a week if symptoms are worse or a fever develops.

NSG 671 Students, until you are notified otherwise...

Once a week, you will choose a pt. from clinical to write a SOAP note on. Do NOT include any identifying information on the pt. You will upload your SOAP note to Canvas. Faculty will give you feedback on your SOAP notes and notify you when you no longer need to write a weekly note.

Guidelines for Writing SOAP Notes

Many clinics utilize the SOAP format for outpatient notes. When writing SOAP notes attend to the following:

1. **S (SUBJECTIVE)** means only what the patient tells you (e.g., symptoms, attributions, etc.) This includes the CC, HPI (OLDCART...lists all the history that is relevant to the current visit, either the acute complaint or the chronic conditions being addressed)
and pertinent positive (e.g., +FH of gallbladder dz in a pt. presenting with RUQ pain) and negative (immunizations or screening tests are not current) findings gleaned from a brief review of the PMH, PSH, FH, SH, and ROS. **Do not indicate impressions or results of your physical exam in the subjective section.**

2. **O (OBJECTIVE)** includes results of your physical examination and interval test data.

3. **A (ASSESSMENT)** includes your interpretation of findings from the subjective and objective data. This is also known as your Dx and DDxs.

4. **P (PLAN)** includes what you are going to do about your assessments or Dxs. Many providers dictate/write the assessment and the plan together for each individual problem. For every assessment you should address **DMERF** in your plan.

**The following is an example of a standard SOAP note.**

**S:** “I have a rash that won’t go away.”

Pt. is a 27 yo female athletic trainer who presents with a red, pruritic rash on her Left hand. She noticed the rash about 2 weeks ago and has been using OTC HC 1% cream on it BID but it is still itching and seems to be spreading. Showering and heat seem to make the rash redder and itchier. She denies any new skin products, detergents, new foods or meds. No recent travel. Her PMH is + for eczema, well controlled asthma, and allergies to dust mites and eggs. NKDA. Her Meds include:

- HC 1% cream as above
- Lo Estrin 1/35 QD
- Albuterol MDI 2 puffs QID prn
- Lavender Essential Oil top. prn

She lives with her husband and mother, neither of whom have similar sx. No pets. Denies hx Tob., occ. ETOH, rare weed, denies other recreational drug use. Her ROS is essentially benign. LNMP 2/26/17.

**O:** Pleasant Asian female, NAD.

**VS:** T 98.8  P 64  R 16  BP 106/68

Focused Derm: Skin generally W, D, & I. A 2 cm erythematous annular lesion with dry, raised borders and clear center is noted at the base of the L thumb. No surrounding erythema. No other lesions noted. No regional LAD.

**A:** tinea corporis, DDx granuloma annulare
P: Fungal scraping with culture to lab
Lotrisone cream #30 gm topically in thin layer to affected area BID x 14 days.
Do not cover treated area.
Keep skin clean and dry.
Avoid sharing clothes, wash cloths, towels, etc.
Follow up in 2 weeks for recheck, sooner if sx worsen.
Appendix A
Procedures for Addressing Concerns with a Student’s Professional Behavior

Please use the following criteria to explain your concerns about student behavior.

It is very important that faculty in the Department of Nursing notify the Chair whenever concerns about student professionalism arise during the semester. Please do not wait until the end of the semester. This intervention is designed to help the student develop a plan to be successful in your course.

Forms are available in the Department of Nursing or online.

- LEVEL 1: concerns addressed by the professor, improvement plan discussed, department notified in writing, no meeting requested at this time

- LEVEL 2: concerns persist and/or new concerns have arisen, concerns addressed by the professor, written improvement plan developed, department notified in writing, no meeting requested at this time

- LEVEL 3: concerns persist and/or new concerns have arisen, improvement plan not being followed, department meeting requested, student notified

Directions:
1. Discuss your concern with the student (Level 1).
2. Complete a Department of Nursing Student Concern Form and deliver to the Chair of the Department of Nursing (Level 1).
3. The Chair will report this incident of concern to the Academic Standards Committee.
4. A Student Improvement Plan will be developed, which will identify the concern(s) and provide a clear explanation of expectations the student must meet in order to demonstrate satisfactory improvement. A specific date for implementation of the plan will be determined. The student is given a copy of this plan and a copy will be placed in the student’s file in the Department of Nursing office (Level 2).
5. When appropriate, input will be sought from other course instructors.
6. When the concern(s) has/have risen to a Level 3, the Chair and any other personnel who need to be involved will schedule a meeting with the student.
7. Those involved will be notified of the outcome of the meeting(s).
8. If the issue of concern is not resolved, the Dean of Purcell School of Professional Studies will be notified.
Department of Nursing Concerns about Student Behavior

Date: ______________________

Student Name: ____________________________________

Program: (Circle One)   DDPN  RN-BS  A-DDPN  MS

Instructor: _________________________________

Course # and Title _________________________________

Student Notification Date ____________________________

Method of Notification (E-Mail, Letter, Phone Call) ___________________________

Student Response Date ___________________________________________

Should a meeting be scheduled with the student and a department representative?    Y    N

What are your concerns? See attached for description of concern levels.

<table>
<thead>
<tr>
<th>Concern</th>
<th>Level</th>
<th>Concern</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance</td>
<td></td>
<td>Practicum/Clinical Behavior</td>
<td></td>
</tr>
<tr>
<td>Tardiness to Class, Clinical, Meetings</td>
<td></td>
<td>Professional Standards</td>
<td></td>
</tr>
<tr>
<td>Deadlines with Assignments</td>
<td></td>
<td>Professional Demeanor</td>
<td></td>
</tr>
<tr>
<td>In-Class Behavior</td>
<td></td>
<td>Professional Appearance</td>
<td></td>
</tr>
<tr>
<td>Other – Please Describe:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the semester ended today, the student’s grade would be? _______________________________

Specific details pertaining to your concern:

Steps you have taken to address the concern:

<table>
<thead>
<tr>
<th>Action</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met with Student to Discuss Concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-Mailed Concern(s) to Student</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gave Student Concrete Examples of Unacceptable Behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apprised Student that Department Representatives are Being Notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicated with Student’s Other Professors</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Other – Please Describe: