

LCSC Division of Nursing & Health Sciences

Student Remediation Form

Student Name: \_\_\_\_\_ Program/ Year: \_\_\_\_/\_\_\_\_ Course: \_\_\_\_\_

The purpose of this form is to notify you that your performance is not at the expected level for your placement in the program. This form outlines the steps that must be taken in order to successfully continue toward completion of the course. Failure to reach the outlined objectives will result in further steps in the disciplinary process with the potential of failure in the program. Refer to the Student Handbook for details on the disciplinary process and consequences.

Reason for Remediation/Outcome Criteria Affected by Concern:  **Written Warning**  **Probation**

\_\_\_ Referral for violation of professional codes of conduct \_\_\_ Academic issues (test failure, etc)

\_\_\_ Referral for skill performance or clinical abilities/conduct \_\_\_ Student Code of Conduct

Description of event/Date of event/Signature (add additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Objective for Remediation(add additional pages if necessary): Date of next review: \_\_\_\_\_

*Student may provide response in written form to faculty member initiating document. Your signature indicates you have read this document.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Date	Skills Remediated	Faculty Signature

\_\_\_ Student has attained expected level of performance following remediation Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Recommendations:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Copies to: Program coordinator, student advisor, CRC coordinator (if necessary), student. Final Copies: Original should be completed, signed and placed in student file with a second copy to Assessment Director.**