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**Yuba College Nursing Program**

**Clinical Unsatisfactory Progress Report**

Student Name and ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nursing Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Progress is:

Unsafe Status: Results in immediate dismissal from the program with no readmission privileges.

\_\_\_\_\_ Needs Improvement \_\_\_\_\_ Minimal Performance \_\_\_\_\_ Unsafe

\_\_\_\_\_ Unsatisfactory

Problem Related to:

\_\_\_\_\_ Clinical Performance \_\_\_\_\_ Clinical Assignments

\_\_\_\_\_Unprofessional Behavior(s) \_\_\_\_\_ Lack of Progress in Meeting Clinical Objectives

Description of Identified Problem:

* Provide a detailed description of problem(s) with specific student behaviors.
* Please identify the clinical objective(s) student is failing to meet.

Student has been informed via meeting on (date) \_\_\_\_\_\_\_\_

Contract:

* Specify what the student must do to correct the problem.
* When the remediation is due if applicable.
* The consequences of not correcting the problem.

Referred to:

\_\_\_\_\_ Semester Lead Faculty \_\_\_\_ No referral needed

\_\_\_\_\_ Director Nursing, Allied Health \_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nursing Faculty (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nursing Student Signature/Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Conference on (date) \_\_\_\_\_\_\_\_\_\_\_\_ Written Summary of Conference: \_\_\_\_\_ in Student File