Wegmans School of Nursing
Clinical Progress Sheet

Student:       Agency:
Course:       Instructor:
Date:

Description of Problem:

Specific Recommendation for Remediation: (lab practice, video review, reading etc):

Remediation completed and form returned to clinical faculty (copy to course coordinator) by:
Student:       Date:
Faculty:       Date:

Remedial lab practice must be validated by Lab Coordinator.
Lab Coordinator:       Date:
Comments:

The required remediation activities have been completed.
Student:       Date:
Faculty:       Date: