

Documentation of At Risk Clinical Performance

Name:
Course:
Hospital/Unit:
Date:

You have been evaluated as “at risk” in your clinical performance due to:

The following outlines the outcomes that must be met for successful completion of the clinical course.

Specific Areas for improvement:

- 1.
- 2.
- 3.
- 4.

This “at risk” plan is to be in effect throughout the _____ semester.

_____ Student Name	_____ Student Signature	_____ Date
_____ Clinical Instructor Name	_____ Clinical Instructor Signature	_____ Date
_____ Faculty Name	_____ Faculty Signature	_____ Date