Facility Name: ______________________________
Student Name: ______________________________
Clinical Instructor Name: ______________________
Clinical Instructor Phone Number: _____________________
Clinical Instructor Email: ____________________________

Is the student having any difficulty in the following areas:

1.  Safety     Yes ___  No___
2.  Professional behavior  Yes ___  No___
3.  Ethical and legal practice  Yes ___  No___
4.  Attendance     Yes ___  No___

Do you feel that significant changes need to be made before you would feel comfortable giving this student a “passing” grade on this affiliation?

Yes ___  No ___

Comments if checked “yes”:
____________________________________________________________________________
____________________________________________________________________________