



School Nurse Certificate Program
Remediation Plan

Date: _____ Semester: _____

Candidate Name: _____

Clinical (University) Supervisor: _____

NURS 672 ____ NURS 673 ____ Track A: ____ Track B: ____

District: _____ School: _____ Grade: _____

Cooperating Health Educator: _____

Preceptor: _____

Name of Person Initiating Report: _____

This report may be initiated by any of the mentors involved with the candidate’s practicum experience that has concerns. Concerns could involve challenges with skills, content knowledge, attendance, or disposition. The items listed are not an all-inclusive list as other concerns may arise that are significant and may require remediation. Preparing an early remediation plan is an appropriate method to initiate a plan for success for the practicum candidate.

Describe the challenges the candidate is experiencing.

Does the student have accommodations with the Office of Specialized Services? If so, please indicate the accommodation:

Remediation Plan Details:

1. _____

2. _____

3. _____

Additional comments: _____

Upon completion of the remediation recommendations the student will follow up with the Graduate School Nurse Program Coordinator and the Department Chairperson(s).

Student Name

Student Signature