

**MERCER COUNTY COMMUNITY COLLEGE
DIVISION OF MATH, SCIENCE AND HEALTH PROFESSIONS
NURSING EDUCATION PROGRAM**

STUDENT ACTION PLAN/CONFERENCE FORM

DATE: _____ STUDENT NAME: _____

FACULTY NAME: _____

COURSE: _____ SEMESTER: _____

(CHECK ITEMS APPLICABLE)

- A. Absenteeism (Theory/Lab/Clinical)
- B. Lateness (Theory/Lab/Clinical)
- C. Noncompliant with dress code
- D. Unprepared for Class/Clinical
 - 1. Unsatisfactory plan for client care
 - 2. Had not researched client problems or meds
 - 3. Did not demonstrate mastery of basic skills
- E. Unsafe practice
- F. Insubordination
- G. Not permitted to attempt mastery due to failure to practice in college lab
- H. Did not follow up on lab remediation recommendations
- I. Lacking in professional demeanor
 - 1. Unable to stay focused
 - 2. Does not relate effectively with faculty, staff, clients and/or peers
 - 3. Violated confidentiality of client
 - 4. Does not communicate truthfully with faculty and staff
 - 5. Demonstrates irresponsible or disruptive behavior
 - 6. Does not follow faculty directions/instructions
- J. Written work or math deficit
- K. Other

FACULTY COMMENTS:

STUDENT COMMENTS:

NATURE OF THE PROBLEM:

II. Description of the problem (precipitating incidents):

III. Suggestions for overcoming the problem: (Check all applicable)

- Improvement of study habits
- Seek counseling for personal issues
- Reduce outside work hours
- Remediation for writing skills, verbal & communication skills
- Referral to open lab (referral form completed)
- Referral to tutoring (academic referral form completed)
- Other (Specify):

IV. Contractual Limitations:

- Cannot be late for or absent from clinical, lab, or theory.
- Must present in proper attire with appropriate equipment.
- Must attend college laboratory remediation for the following:

- Must attend counseling sessions for behavior issues.
- Must attend college writing/math lab and produce a satisfactory assignment.
- Other

V. General Recommendations:

VI. Remediation Date: _____

(Skills remediation must be completed prior to the next clinical day)

Signed (Student): _____

Date: _____

Signed (Faculty #1) _____

Date: _____

Signed (Faculty #2) _____

Date: _____

(Signed by two (2) faculty if student is counseled to leave the nursing program)

You may repeat a nursing course only once. A clinical failure may result in dismissal from the nursing program without option to return.

