MERCER COUNTY COMMUNITYCOLLEGE
DIVISION OF MATH, SCIENCE AND HEALTH PROFESSIONS
NURSING EDUCATION PROGRAM

STUDENT ACTION PLAN/CONFERENCE FORM

STUDENT NAME: _____

FACULTY NAME: _____

COURSE: _____ SEMESTER: _____

CLINICAL: _____ LAB: _____ DATE: _____

(CHECK ITEMS APPLICABLE)	FACULTY COMMENTS:	STUDENT COMMENTS:
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		

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)

MERCER County Community College

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.