Clinical Warning Letter
Accelerated BSN Program

DATE: Month day and year
TO: Student Name R#
From: Faculty Name/Credentials

BEHAVIORS/ACTIONS

(1) **Date of Occurrence**: Detail of the behavior with supporting evidence from the Syllabus, Detailed Clinical Standards and Clinical Evaluation Tool or other areas that will guide the student.

(2) **Date of Occurrence**: Detail of the behavior with supporting evidence from the Syllabus, Detailed Clinical Standards and Clinical Evaluation Tool or other areas that will guide the student.

LEARNING CONTRACT:

(1) Each infraction needs an action in how the student will change the behavior in order to be successful.

(2) Each infraction needs an action in how the student will change the behavior in order to be successful.
Failure to meet all of the requirements outlined above will result in a scheduled meeting with (Student’s Name), Course Lead Faculty (Faculty Name), Program Director (Director’s Name) and Department Chair for Non-Traditional Programs (Department Chair’s Name) and places the student in jeopardy of course failure.

I have read and understand the terms of this Learning Contract/Plan for Success/Detailed Clinical Standard Point Deduction

Student Signature/Date ________________________________________________

Faculty Signature/Date____________________________________________________

Program Director Signature/Date____________________________________________

Student Comments:________________________________________________________________
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