AULTMAN College
OF NURSING AND HEALTH SCIENCES

Division of Nursing
Conference Form

Course: _____ Academic _____ Non-Academic _____

Date: _____ Student: _____

Situation to be discussed: (include facts known, concerns, course/clinical objective(s)/outcome(s) in jeopardy, consequences if continued, etc)

_____

_____

_____

_____

_____

Potential Consequences if Continued:

_____

_____

_____

Student Understanding of Purpose of Discussion:

_____

_____

_____

Plan of Action: (include student and faculty suggestions, specific actions and person(s) responsible for action (s) to be taken – how will goal be accomplished:

_____

_____

_____

_____

_____ _____

Faculty Signature Date

_____ _____

Student Signature Date

(My signature confirms that this counseling session took place and that I was given a copy of this form.)

See page two (2) for remediation / referral if necessary: ___ Yes ___ No

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Remediation / Referral (Page 2)

Date: _____ **Student:** _____ **Course** _____

In an effort to promote your academic success at Aultman College of Nursing and Health Sciences, the following referral(s) is/are being made. It is the student's responsibility to make direct contact with those individuals recommended to you.

_____ **Faculty/Student Advisor**:

_____
(Identify faculty member/ advisor phone number)

_____ **ATI** Content: _____ Due: _____

_____ **Other** (specify): _____

_____ **Learning Resource Center:**
___ Test taking skills ___ Personal issues
___ Study skills ___ Other (specify): _____

_____ **Laboratory Skills**: _____
(Identify faculty member/phone number)

___ Clinical skill building (specify skill): _____

___ Other: _____

COMMENTS:
_____
_____
_____

I understand that feedback regarding remediation/referral session(s) will be provided to my course faculty.

_____ _____
Faculty Signature Date

_____ _____
Student Signature Date

Distribution: Original to student file; student; copy to person(s) identified above
Formulated 8/05
Revised 11/05; 6/07