

The Pennsylvania State University
College of Nursing

Remediation Plan And Outcome

COURSE: _____

AREAS OF CONCERN (involving following clinical objective(s))

PLAN

The skills, knowledge, and COMPETENCIES that must be demonstrated to meet course objective(s):

Suggested resources and activities:

OUTCOME (if Plan/Objectives are not met)

Instructor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Date of Follow-up Conference: _____

OUTCOME

Follow-up conference (Please check one of the following):

- Has overcome deficiencies and now meets objective(s)
 Has not overcome deficiencies and does not meet objective(s)

Comments:

Instructor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Copy to Student

Copy to Student File