

**Course/Clinical Progress Report**

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| Student Responsibilities | Faculty Responsibilities |
| 1. Read, respond, and sign form at scheduled appointment.  2. If you received this report via email, schedule appointment with faculty within one week. You will sign the report at that time. | 1. Provide a copy for the student.  2. Scan or take a picture of the signed document and electronically send it to the Assistant to the Associate Dean ([hwinfre@ilstu.edu](mailto:hwinfre@ilstu.edu)), the Undergraduate Director ([vmwrigh3@ilstu.edu](mailto:vmwrigh3@ilstu.edu)) and other identified faculty/staff within the Recommended Actions.  3. Submit the original document to the Assistant to the Associate Dean to file in the students file.  Mennonite College of Nursing  312 Edwards Hall  Campus Box 5810  Normal, Illinois 61790-5810  Office:  309-438-2176 |

This report is relating to:

Course Progress Clinical Progress Clinical and Course Progress

Does this report relate to a clinical suspension? Yes No

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| Student Name: |  |
| Student UID: |  |
| Faculty/Staff Initiating Report: |  |
| Date of Report: |  |
| Course: |  |
| Current Grade: |  |
| Area of Concern: |  |

Meeting with Student:

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| --- | --- |
| Date: |  |
| Time: |  |
| Faculty/Staff Member: |  |
| Student Name: |  |

Explanation of Concerning or Unsatisfactory Behavior(s)/Progress:

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Required Actions for Improving Concerning or Unsatisfactory Behavior(s)/Progress:

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Recommended Action(s) for Improving Concerning or Unsatisfactory Behavior(s): *Check all that apply*

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|  | Prepare for class by reading text, completing homework prior to class, and reviewing notes after class. |  | Meet with Undergraduate Academic Advisor to address career options, plans of study, coaching through educational decisions/career options, personal problem solving, and//or need for other helpful services.  (Kileigh Guido; [kjguid1@ilstu.edu](mailto:kjguid1@ilstu.edu); (309) 438-7131) |
|  | Find study group/partner with similar study styles. |  | Seek outside services to appropriately handle the concerning or unsatisfactory behavior. |
|  | Participate in test reviews and/or see faculty to review tests. |  | Attend skills workshops offered by the Julia N. Visor Center. |
|  | Meet with Success Plan Coordinator to review test-taking strategies/discuss responsibilities for own learning.  (Becky LaMont; [rdlamon@ilstu.edu](mailto:rdlamon@ilstu.edu); (309)-438-2203) |  | Meet with designated NSL staff member for Skills remediation. |
|  | Work with Peer Support Person (PSP) to develop more effective time management skills. |  | Consult with librarian (ISU/MCN librarian preferred). |
|  | Participate in MCN peer tutoring. |  | Meet with Director of Undergraduate Program to address course/clinical behaviors and/or course/clinical progression concerns.  (Valerie Wright; [vmwrigh3@ilstu.edu](mailto:vmwrigh3@ilstu.edu); (309) 438-2482) |
| Other: | | | |

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| Can the issue be resolved? | Yes  No  If no, rationale |
| Date/Time for Expected Resolution of Unsatisfactory Behavior: |  |
| Consequence if Expected Resolution of Unsatisfactory Behavior is not met by the date listed above: |  |
| Faculty Input: |  |
| Student Input: |  |

This Progress Report has been discussed with the student. My signature verifies that I am aware of the document’s contents and existence and I understand that a copy of this report will be filed with the Director of Undergraduate Programs, Academic Advisor and in my MCN student file.

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| Print Name of Faculty Member : |  |
| Signature of Faculty Member : |  |
| Date: |  |
| Print Name of Student: |  |
| Signature of Student: |  |
| Date: |  |