

Course/Clinical Progress Report

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 (MCNAcademics@ilstu.edu), the Interim Undergraduate Director (sdburke@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 student's 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

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

Meeting with Student:

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

Student Initials _____

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

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

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

<input type="checkbox"/>	Prepare for class by reading text, completing homework prior to class, and reviewing notes after class.	<input type="checkbox"/>	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 ; (309) 438-7131)
<input type="checkbox"/>	Find study group/partner with similar study styles.	<input type="checkbox"/>	Seek outside services to appropriately handle the concerning or unsatisfactory behavior.
<input type="checkbox"/>	Participate in test reviews and/or see faculty to review tests.	<input type="checkbox"/>	Attend skills workshops offered by the Julia N. Visor Center. (https://universitycollege.illinoisstate.edu/help/)
<input type="checkbox"/>	Meet with Success Plan Coordinator to review test-taking strategies/discuss responsibilities for own learning. (Becky LaMont; rdlamon@ilstu.edu ; (309)-438-2203)	<input type="checkbox"/>	Meet with designated NSL staff member for Skills remediation. (Marcia Buchs; mkbuchs@ilstu.edu (309) 438-6040)
<input type="checkbox"/>	Work with Peer Support Person (PSP) to develop more effective time management skills. (Kileigh Guido; kjguid1@ilstu.edu ; (309) 438-7131)	<input type="checkbox"/>	Consult with librarian (ISU/MCN librarian preferred). (Sue Franzen, srfranz@ilstu.edu ; (309) 438-3451)
<input type="checkbox"/>	Participate in MCN peer tutoring. (Marcia Buchs; mkbuchs@ilstu.edu (309) 438-6040)	<input type="checkbox"/>	Meet with the Interim Director of Undergraduate Programs to address course/clinical behaviors and/or course/clinical progression concerns. (Sandi Burke; sdburke@ilstu.edu ; (309) 438-2213)
Other:			

Can the issue be resolved?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

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