Wegmans School of Nursing
Clinical Progress Sheet

Student:       Agency:  
Course:       Instructor:  
Date:  

Description of Problem:  

Specific Recommendation for Remediation: (lab practice, video review, reading etc):  

Remediation completed and form returned to clinical faculty (copy to course coordinator) by:  
Student:       Date:  
Faculty:       Date:  
Lab Coordinator:       Date:  
Comments:  

The required remediation activities have been completed.  
Student:       Date:  
Faculty:       Date: