# Critical Incident Form

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Course</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>Course Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Failure to meet professional standards/expectations

- ☐ Unprepared for clinical/lab
- ☐ Consistently late for clinical/lab
- ☐ Missed clinical/lab without appropriate notification of instructor
- ☐ Left clinical/lab unit site without notifying instructor/staff
- ☐ Failed to report significant change in patient’s condition
- ☐ Failed to follow hospital/agency policy
- ☐ Engaged in unsafe practice
- ☐ Displayed inappropriate/disruptive/disrespectful behavior towards client/staff/instructors/peers
- ☐ Violated uniform dress code/policy
- ☐ Displayed inappropriate/disruptive/disrespectful behavior/communication towards professor/peers

## Failure to meet course standards/expectations

- ☐ Consistently unprepared for class
- ☐ Unexcused absences from class (>2 per semester)
- ☐ Consistently tardy in submitting assignments
- ☐ Displayed inappropriate/disruptive/disrespectful behavior/communication toward professor/peers
- ☐ Violated University Academic Honesty Policy (including but not limited to plagiarizing, cheating, colluding, falsifying or fabricating, using previously prepared materials, destroying or altering another’s work, or submitting the same paper or report in more than one class.)

<table>
<thead>
<tr>
<th>Lab Referral</th>
</tr>
</thead>
</table>

- ☐ Skills review needed
  - Specify: ________________________________________________________________
- ☐ Other: __________________________________________________________________

## Description of Incident:

_____________________________________________________________________________________________
_____________________________________________________________________________________________

## Outcome of incident:

☐ Clinical Warning  ☐ Clinical Probation  ☐ Professional Warning  ☐ Professional Probation  ☐ Dismissal

## Plan of Action:

_____________________________________________________________________________________________
_____________________________________________________________________________________________

Date: ___________________________  Student Signature: ___________________________________________

Faculty Signature: ___________________________  Course Coordinator Signature: _______________________

Revised August 2017