

SCHOOL OF NURSING AND ALLIED HEALTH (SONAH)

REMEDIAL SKILLS LAB REFERRAL FORM

Date: \_\_\_\_\_ Student’s Name: \_\_\_\_\_ Student’s ID: \_\_\_\_\_

Programme: ☐ BScN ☐ ANTP ☐ Allied Health

Level in the Programme: \_\_\_\_\_ Semester: \_\_\_\_\_ 20\_\_\_\_

Related Nursing Course: \_\_\_\_\_

Name of faculty referring student: \_\_\_\_\_

The above-named student is referred to the Skills Lab for remediation of the following skill deficiency (ies).

The student has one week to schedule remediation and initiate activities for improved skill acquisition. A student may not perform skill(s) listed below in the clinical setting until remediation has occurred. The student holds full responsibility for missed clinical learning opportunities secondary to his/her lack of preparedness for clinical practice.

**Skill(s) Identified for remediation:**

**Objectives for remediation identified by referring faculty, in collaboration with student:**

**Student’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Evaluation and Recommendation(s) by Skills Lab Instructor/Coordinator/Course Faculty:**

**Total Hours Completed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Evaluator:** \_\_\_\_\_