Extended Leave of Absence from Clinical PracticeRemediation Process Checklist

Student Name				Student Number				
(Student Advisor to complete sections a-e)				Date			Comments	
a) Expected date of return to								
program								
b) Anticipated return to clinical								
c) Letter and supporting								
documents submitted to								
Stu								
d) Letter reviewed by Department								
e) Confirmation email sent to student from Student Advisor								
f) Designated Faculty member(s)								
1								
contact student g) Meeting with designated Faculty								
member(s)								
h) Learning plan submitted by								
student								
Remedial 1-on-1 lab (3 hours total) Date Time Spent in Time spent Signed off by Comments								
Date	Time Spent in Lab	with Facult		_	Faculty		Comments	
	Lab	theory	-	. racarcy				
		theory						
Self-directed lab time (5-7 hours total)								
Date	Time Spent in	lab Sign	ed of	ff by Faculty			Comments	
	1	1						

	Date	Results
Remedial Testing #1		Pass Fail Faculty Members:
		Comments:
Meeting with designated Faculty member(s) (if required)		Comments:
Remedial Testing #2 (if required)		Pass Fail Faculty Members:
		Comments: