SLC LAB SUPPLEMENTAL INSTRUCTION FORM
Faculty/Student Clinical Skill Needs, Request Form

Faculty/Student please complete this form at least 72 hours in advance and send to: cunninghamr@uncw.edu Please cc your student / faculty when submitting this form

Faculty Signature: _______________________________ Date: __________

Faculty, please state that student is aware this request form has been submitted and you have discussed the clinical skills below with the student.

Student Signature: _______________________________ Date: __________

<table>
<thead>
<tr>
<th>Student name</th>
<th>Email Address</th>
<th>Cell Phone</th>
<th>Course number</th>
<th>Faculty</th>
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Check off Type of Referral

A. Skills Remediation, Student ON Action Plan____
B. Skills Remediation, No Action Plan____
C. Simulation Remediation____
D. Student Self-Referral____
E. Other_____

Specific Clinical Skill Needs

1.
2.

Communication & Clinical skills Notes

Skills practiced this session:

Assessment of the student:

Next Session Scheduled (if needed):