**Clinical Learning Center**

**Remediation and Evaluation Form**

The CLC schedules both remediation and evaluation for students who are having difficulty in the clinical area. Please fill out this form and submit it electronically to [UMSN-CLC-Mailbox@med.umich.edu](UMSN-CLC-Mailbox%40med.umich.edu) to schedule a time for your student.

You will be contacted about your request within 48 hours.

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| --- | --- | --- | --- |
| Faculty Name:  |  | Contact email: |  |
|  |  | Contact phone: |  |
|  |  |  |  |
| Student Name: |  | Contact email:  |  |
|  |  |
| 1. Is this for a high stakes evaluation to determine if the student is safe to return to the clinical site?
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|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

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| 1. Is this for a remediation evaluation in which a plan for practice session(s) will be determined?
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|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

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| 1. Please describe the areas of concerns in clinical skills in the student’s performance that is the reason for this referral. Please be specific.
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Once the CLC receives this form we will contact the you to schedule a time. Please review the policy if you have any questions on how the process works.

**FOR CLC USE ONLY**

Comments:

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