

# LEARNING CENTER REFERRAL FORM

## *Clinical Instructor to complete section A*

Student: \_\_\_\_\_ Program: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Referred by: \_\_\_\_\_ Course: \_\_\_\_\_

Date of referral: \_\_\_\_\_ Date to be completed: \_\_\_\_\_

Reason for referral :     Absent     Remediation\*     Practicum Redo\*     Extra Practice

Skill to Perform: \_\_\_\_\_

Specific Skill(s) for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Prescription for completing this Referral:** \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Review skill in Potter & Perry textbook      | <input type="checkbox"/> Review skill in Lewis textbook                  |
| <input type="checkbox"/> Review skill in on Virtual IV                | <input type="checkbox"/> Review Medications in Kee Pharmacology textbook |
| <input type="checkbox"/> View Skills Video on DVD                     | <input type="checkbox"/> Mandatory/Makeup Hours in HSLC _____            |
| <input type="checkbox"/> Practice skill 5 times with peer             | (See back of Form)   |
| <input type="checkbox"/> Practice skill 5 times with an upperclassman | <input type="checkbox"/> Other _____                                     |
| <input type="checkbox"/> Practice skill with instructor               |  |

### **To make an appointment the student should:**

- ✓ **Fill out times of availability on back**
- ✓ **Give referral to the skills lab coordinator immediately after skill performance**
- ✓ **Complete Self-evaluation form (\*if remediation or practicum redo is needed)**
- ✓ **Be contacted and confirmation will be made by PirateMail and/or phone**

**Contact the HSLC at 471-4510 if you cannot keep your appointment**

## *Learning Center Instructor to complete section B*

Appointment for Evaluation: \_\_\_\_\_ Instructor: \_\_\_\_\_

Evaluation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The prescribed activities: \_\_\_\_\_ have been successfully completed.

\_\_\_\_\_ have not been successfully completed.

Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Times available for referral (*Student to Complete*)

<b>Day Available</b>	<b>From Time:</b>	<b>To Time:</b>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Log of Time in Health Science Resource Center (*Lab to Complete*)

<b>Date</b>	<b>Skill/Tasks Performed</b>	<b>HSLC Time In</b>	<b>HSLC Time Out</b>	<b>Signature of HSLC Coordinator or Clinical Instructor</b>	<b>Total Time Claimed</b>