Clinical Behavior Standards
Documentation Form

Students Name:_____ **Date:**_____

Clinical Supervisor:_____

SUB-STANDARD BEHAVIORS

Please Print or Type

Arrived Late to Clinical Site **Time Expected** _____
Time Arrived _____

Left Early from Clinical Site **Time Expected** _____
Time Left _____

Failed to Communicate Absence **Date:**_____

Briefly Explain

Dress Code Violation
(See SLU Dress Code) _____
_____
_____

In-appropriate Behavior
(See SLU Behavioral Standards) _____
_____
_____

Failure to Conduct Routine Task _____
_____
_____

Failure to Practice Reasonable and Proper Skills with/without Supervision _____
_____
_____

PLAN OF ACTION

Briefly Explain

Plan of Action to Correct the Behavior: _____
_____
_____
_____

Time-frame to Correct the Behavior_____ **Date:**_____
(i.e. 1 week, 3 weeks, 6 weeks..)

SIGNATURES

Clinical Student:_____ **Clinical Supervisor:**_____
Signature **Signature**