

ANGELO STATE UNIVERSITY  
 Nursing Program  
 Record of Clinical Requirements  
 RNSG \_\_\_\_\_ Spring \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ FACULTY \_\_\_\_\_

FACILITY \_\_\_\_\_ CLINICAL DAY \_\_\_\_\_

SUBMITTED: CPR Card: \_\_\_\_\_ Scantrons: \_\_\_\_\_ HESI Score: \_\_\_\_\_

EXAM SCORES: I \_\_\_\_\_ II \_\_\_\_\_ III \_\_\_\_\_ IV \_\_\_\_\_ Final \_\_\_\_\_

ATTENDANCE:

JAN																				
FEB																				
MAR																				
APR																				
MAY																				

WRITTEN ASSIGNMENTS:

Assignment	Grade		comments
	Satisfactory	Unsatisfactory	
Med/Surg Case Study			
ICU Case Study			
PMC Paper			
Medication Paper			
IV Paper			
ER Paper			
SCCI Paper			

COMMENTS: