

ANGELO STATE UNIVERSITY
College of Nursing and Allied Health
Physical Therapy Program

CLINICAL PROBATION TRACKING FORM

Student _____ Clinical Instructor(s) _____

First Clinical Probation:

(date)

Reason for first clinical probation:

1. A "Significant Concerns" box is checked on the CPI
and/or
2. Student ratings on CPI fall below mastery level at mid-term (average of numbers is greater than .5 below listed expectation)
and/or
3. Other (Please specify): _____

Requirements to be removed from first clinical probation:

Outcome:

Second Clinical Probation:

(date)

Reason for second clinical probation:

1. A "Significant Concerns" box is checked on the CPI
and/or
2. Student ratings on CPI fall below mastery level at mid-term (average of numbers is greater than .5 below listed expectation)
and/or
3. Other (please specify): _____

Requirements to be removed from second clinical probation:

Outcome:

Academic Committee meeting _____ *(date)*.

Outcome:

file:

Student file

Academic Advisor: _____

Program Administrator: _____