



CONCERN – STUDENT PERFORMANCE

Name of Student	
Placement Environment	
Location	Station Number _____ Hospital name and dept _____
Date of Shift	
Name of Preceptor or Clinical Practice Educator	
Date Submitted	
Preceptor or Clinical Practice Educator to complete section below	
Concern type	<input type="checkbox"/> Progression <input type="checkbox"/> Professional conduct
Provide details relating to your concern:	
Regional Training Coordinator (RTC) or Practice Education Lead (PEL) to complete section below	
Name of RTC/PEL	
Comments:	



Agreed Actions:

Action Review Date

I understand what I need to address and if I do not meet the agreed actions identified, I will fail the learning outcomes for this placement.

Signature of Student: *(option for electronic signature or type and send from personal email)*

Date: _____

Signature of JIBC Faculty (name and position): *(option for electronic signature)*

Date: _____

Regional Training Coordinator (RTC) or Practice Education Lead (PEL) to complete section below

Monitoring of Progress on Agreed Action:

Date From

Date To

Outcome of Agreed Action: