

Form B: request for CSL Skill Review/ Remediation

Date: _____

Faculty: _____

Faculty initiated: _____

Student: _____

Student initiated: _____

Area of Concern:

Deadline for CSL Skill Review:

The student must present their request to the CSL Coordinator at the time of the scheduled review.

CSL Skill Review Record

Date: _____

Student: _____

Brief Summary of CSL Review: _____

Additional Recommendations/ Comments: _____

CSL Coordinator/ Clinical Faculty Signature: _____

**The student must return a copy of the CSL Skill Review Record to clinical faculty by the deadline.*

08/05 KSJ

Procedure:

1. Faculty notifies CSL Coordinator of Student needing review/ remediation.
2. Student makes appointment with CSL coordinator or appropriate Clinical Faculty via phone 803-622-9805 within 24 hours of request.
3. Student attends review/ remediation session.
4. Student returns signed form to Faculty member requesting review/remediation session.