

**APPENDIX E**

**NEW YORK INSTITUTE OF TECHNOLOGY  
SCHOOL OF HEALTH PROFESSIONS  
DEPARTMENT OF NURSING**

**CLINICAL DEFICIENCY NOTIFICATION FORM**

Nursing Course: \_\_\_\_\_ Semester: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Instructor Name: \_\_\_\_\_

This form is used to notify student of any clinical deficiencies that place the student in jeopardy of failing a clinical experience and provides corrective actions to facilitate the student's ability to demonstrate improvement, thus, averting the possibility of failure.

**Reason(s) for Notification (Include examples of clinical deficiencies):**

**Goals for Improvement:**

Date for Re-evaluation: \_\_\_\_\_

\*Student Signature: \_\_\_\_\_ Faculty Signature: \_\_\_\_\_

*\*Student's signature indicates that the student has read this form and does not mean that the student agrees with the above.*

**Student's Comments:**

**Follow-up Comments:**

cc: Chairperson  
Student  
Student's file