

Oklahoma Baptist University  
School of Nursing  
Student Counseling Record

Name of Student: \_\_\_\_\_

Date: \_\_\_\_\_

**Summary of Incident or Events:**

**Instruction Provided:**

- |   |   |
|---|---|
| <input checked="" type="radio"/> Verbal warning and redirection | <input type="radio"/> Dismissal from clinical for unsafe practice |
| <input type="radio"/> Written warning and redirection           | <input type="radio"/> Recommendation for dismissal from program   |

**Action Plan**

**Target Date**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Student Comments:**

My signature below indicates that I have read and fully understand this counseling record and consequences for any future incident.

\_\_\_\_\_  
Faculty Signature/Date

\_\_\_\_\_  
Student Signature/Date

**Follow-Up Report:**                      Date: \_\_\_\_\_

Counseling record has been documented on Counseling Log.