

UNIVERSITY OF MASSACHUSETTS LOWELL
COLLEGE OF HEALTH SCIENCES
SCHOOL OF NURSING

Remediation of Nursing Skills

Name of Student: Nursing Course:	
Name of Faculty Recommending Remediation:	
Date of Remediation Request:	
Name of Lab Staff Completing Remediation:	
Date of Remediation Sessions:	
Learning Objectives for the Student (completed by Faculty):	
Recommended Specific Skills to be Completed (completed by Faculty): <i>(Please limit to three per remediation.)</i> 1. 2. 3.	
Plan for Remediation Sessions (completed by lab staff):	
Feedback, Evaluation, and Recommendations :	
_____	_____
Signature	Date