Nursing Department Occurrence Report

Please fill out this form for documentation of student occurrences.

A. Student Information  (Please Print)

Name _____________________________ *** COD ID___________________________

Student email________________________

Program  BNA__  ADN__  Course_______________________________________________

Lead Faculty_________________________________Advisor__________________________________________

B. Initiator Information (Please Print)

Name _____________________________

Date of Incident _____________________ Course________________________________________

Situation (Please describe the incident in detail including location and all persons involved.)

Summary of Behaviors (Please summarize behaviors and include the related code)  CODE_____________________

Student Response (Please indicate the possible cause for this concern and any other comments.)

Actions or Remediation (Include plans for correction of these issues as identified by the student.) Additional comment by initiator

Initiator’s Signature_________________________ Date_______________________

Student Signature_________________________ Date_______________________

Student signature indicates the student has read this report.

Instructions

Revised 091014 db
Approved 092414 FC
1. Please fill out this form and return a paper copy to the Nursing/HLTHS Administrative Assistant.
2. Indications for use of this form include; Student interaction, planned or impromptu, demonstrating behaviors contrary to student code of conduct and others listed in the student handbook, including evaluations, and policies for skills, lab, simulation hospital, classroom policies, hospital policies, syllabus policies, administrative policies.
3. Please correlate behaviors indicated on the front of this sheet with the codes listed here. The code should be included in the “Summary of Behavior” section.

### Occurrence Coding

<table>
<thead>
<tr>
<th>Code of Conduct (COC) (Student Handbook)</th>
<th>COC-P Plagiarism</th>
<th>COC-B Behavior</th>
<th>COC-A Academic Dishonesty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical, Classroom, Skill Lab and Sim Hosp policies (CCSS)</td>
<td>CCSS-A Attendance</td>
<td>CCSS-C Conferences</td>
<td>CCSS-G Grade &lt; 77.9%</td>
</tr>
<tr>
<td>CCSS-T Testing</td>
<td>CCSS-E Ethical and professional standards</td>
<td>COSS-D Dress code</td>
<td></td>
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<tr>
<td>CCSS-P Promotion</td>
<td>CCSS-U “U” clinical day prep, meds, skills, general preparedness</td>
<td>COSS-S Suspension</td>
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<tr>
<td>CCSS-E Exit</td>
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<td></td>
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<tr>
<td>Clinical Evaluation (EO#)</td>
<td>EO #____ Evaluation outcome #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative (A) Issues r/t administrative interactions</td>
<td>A describe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (O)</td>
<td>O describe</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Please make every attempt to work with the student to develop a plan of action.
5. The Administrative Assistant will:
   a. Scan and upload to the Nursing Department Portal under Private Documents, organized A-Z by student last name, in a folder.
   b. Email a copy to the student’s:
      i. Faculty advisor
      ii. Clinical instructor
      iii. Instructor of record (lecture instructor)
      iv. Student
      v. Program Support Specialist

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