



School of Nursing | Camden

Documentation of Clinical Absence of Lateness Form

Student Name: _____ **Date:** _____

Clinical Faculty: _____ **Course Number:** _____

Clinical Site / Unit: _____

Absent **1st occurrence** **2nd occurrence**

Late Arrival **1st occurrence** **2nd occurrence**

Did the student adhere to the SON-C Absence and Lateness Policy? **Yes** **No**

Reason for Absence or Lateness:

Review of the SON-C Absence and Lateness Policy: **Yes** **No**

Students are expected to attend every session of a clinical laboratory experience and to be on time. Should an absence or lateness occur, the student must satisfy the requirements of the missed time. The specific nature of the makeup assignment is at the discretion of the clinical faculty member/preceptor and the Course Director. Students must personally notify the clinical faculty/preceptor and/or agency in which they are placed if absence from a clinical day is required. Specifics of this notification process should be provided by the clinical faculty. Students with two or more absences will be reviewed by the Course Director and/or appropriate Associate Dean.

Counseling / Action Plan:

Student Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____