Nursing Lab Remediation Procedure:

1. Remediation forms are available from the Nursing Lab in Hagan Room 103 or may be downloaded from the Nursing Lab website. Verbal requests for Remediation (on behalf of Faculty) cannot be accepted.

2. *Immediately upon receiving remediation form* from Faculty, student must contact the Nursing Lab Director, Mary Lane at 323-3750 to schedule day/time/ and campus where remediation will take place.

3. Faculty must clearly identify the need for remediation of psychomotor skills and the measureable activities required to meet that need.

4. Remediation will be completed within one week of the Faculty request.

5. Once the remediation has been completed, a copy of the referral form and accompanying Lab Attendance form will be given to the student to return to faculty. The original Referral form will be kept in the Remediation binder in the Nursing Lab.
MOLLOY COLLEGE
DIVISION OF NURSING

Lab Remediation Referral Form

Identified need: ____________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Required activities (please be specific):________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Date to be completed: _________________

Faculty (please print/sign): __________________________________________

Signature of Lab Instructor: _________________________________________

Date completed: _________________

Specifics of instructor remediation: __________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________