

OFFICIAL REPRIMAND

Student's Name: _____ Interview Date: ____/____/____

Notice of unsatisfactory performance is issued for the following reasons:

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Skills | <input type="checkbox"/> Appearance | <input type="checkbox"/> Professional Growth | <input type="checkbox"/> Department Procedures |
| <input type="checkbox"/> Dependability | <input type="checkbox"/> Patient Care | <input type="checkbox"/> Attitude | <input type="checkbox"/> Other _____ |

Factual explanation of the above:

Instructor Signature: _____ Date: ____/____/____

Student comments:

Student Signature: _____ Date: ____/____/____

Action taken: