

**ATED STUDENT CLINICAL PROGRAM REQUIREMENTS  
YEARLY LEVEL CLINICAL COMPETENCY SUMMARY SHEET**

Student Name: \_\_\_\_\_ Academic Year: \_\_\_\_\_  
Level: I Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_ ii Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_ III Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_  
IV Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_

1) Student Health Forms/Records Met: Yes \_\_\_\_\_ No \_\_\_\_\_  
Comments: \_\_\_\_\_

Recommendations/Action for Compliance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Student Certifications/Memberships Met: Yes \_\_\_\_\_ No \_\_\_\_\_  
Comments: \_\_\_\_\_

Recommendations/Action for Compliance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Student Conference/In-service Attendance(s) Met: Yes \_\_\_\_\_ No \_\_\_\_\_  
Comments: \_\_\_\_\_

Recommendations/Action for Compliance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Student Clinical Program Requirements/Competencies Met: Yes \_\_\_\_\_ No \_\_\_\_\_  
Comments: \_\_\_\_\_

Recommendations/Action for Compliance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Student Academic Program Requirements/Competencies Met: Yes \_\_\_\_\_ No \_\_\_\_\_  
Comments: \_\_\_\_\_

Recommendations/Action for Compliance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Student Clinical Hours/Requirements Met: Yes \_\_\_\_\_ No \_\_\_\_\_  
Comments: \_\_\_\_\_

Recommendations/Action for Compliance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) Other Considerations/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Competencies/Requirements Met: Yes \_\_\_\_\_ No \_\_\_\_\_ Pass to Next Level: Yes \_\_\_\_\_ No \_\_\_\_\_  
Comments/Actions: \_\_\_\_\_