**Behavioral Contract**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lead Course Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Adjunct/Clinical Faculty:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Contract: Environment/Setting:**

[ ] Unprofessional Behavior [ ] Classroom

[ ] Attendance Issues [ ] Clinical site
[ ] Other       [ ] Other

|  |  |  |  |
| --- | --- | --- | --- |
| **Problem Area** | **Action** | **Date to be completed** | **Faculty signature/date completed** |
| [ ] Unprofessional Behavior*(List/Describe)* | *(Examples)***[ ]** Any further instance of coming to clinical unprepared will result in dismissal from the nursing program. **[ ]** Any further instance of unprofessional communication with faculty, staff, peers or patients will result in dismissal from the nursing program. **[ ]** Student to write a one page reflection on professional communication, describing 5 examples of what may be considered unprofessional communication.  | OngoingOngoing8/7/14 | N/AN/A |
| **[ ]** Attendance– *(List specific issues)*      | **[ ]** Student must remain in compliance with the Attendance policies set forth in the student handbook. Any theory absences exceeding the number of hours the class meets per week will result in dismissal from the nursing program. [ ]  In the instance of a clinical absence, the instructor must be notified by email no later than 2 hours prior to the clinical start time. The student must contact the instructor within 48 hours following the clinical absence to discuss options for making up the hours. Failure to communicate with the faculty as outlined above, or failure to follow through on the arrangements for a clinical absence will result in dismissal from the nursing program.       | Ongoing | N/A |
| [ ] Failure to respond professionally to constructive criticism. *(Describe)* | **[ ]** Any further instance of described unprofessional behavior in response to constructive criticism will result in dismissal from the nursing program. | Ongoing | N/A |
| [ ] Time Management*Describe the specific issues:* 1. Late submission of assignments. *(Describe/list examples)* | **[ ]** Any further instance of a late submission of course assignments, including clinical requirements, will result in dismissal from the nursing program.  | Ongoing | N/A |
| [ ] Other *(Describe)* |  |  |  |

**Behavioral Contract will be developed by full time faculty in collaboration with clinical faculty as needed.**

**Faculty initiating the contract will review and sign with the student, acknowledging the terms of the contract. In each successive semester, the student and faculty will review the contract at the beginning of the semester.**

**Initiation of Contract**:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have reviewed the Behavioral Contract. Failure to implement the actions listed on the contract will result in dismissal from the nursing program.

Comments:

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Semester Review of Contract:**

Comments:

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Semester Review of Contract:**

Comments:

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Semester Review of Contract:**

Comments:

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Completed form to be maintained in the student file in the Nursing Office. The contract will be reviewed and signed at the beginning of each semester, and the updated copy will be maintained in the student file. This ongoing contract will be sent to specific course and clinical faculty as the student progresses through the nursing program.*