

Brandon University  
Bachelor of Nursing  
***Clinical Practice Student Performance Summary***

**Student:** \_\_\_\_\_ **Student #:** \_\_\_\_\_

Identify and record student's strengths and areas for continued improvement in future clinical courses.

**71:279 Clinical Practicum I – Care of the Stable Client**

|              |              |
|--------------|--------------|
|              |              |
| Hours Absent | Hours Makeup |

***Student Signature:***

***Instructor Signature:***

***Date:***

**71:284 Clinical Practicum II – Care of the Acute Care Client**

|              |              |
|--------------|--------------|
|              |              |
| Hours Absent | Hours Makeup |

***Student Signature:***

***Instructor Signature:***

***Date:***

**71:286 Year 2 Consolidation**

|              |              |
|--------------|--------------|
|              |              |
| Hours Absent | Hours Makeup |

***Student Signature:***

***Instructor Signature:***

***Date:***

**71:366 Community Health Practicum**

|              |              |
|--------------|--------------|
|              |              |
| Hours Absent | Hours Makeup |

*Student Signature:*

*Instructor Signature:*

*Date:*

**71:373 Clinical Practicum III – Care of the Complex Client**

|              |              |
|--------------|--------------|
|              |              |
| Hours Absent | Hours Makeup |

Section 1

Section 2

*Student Signature:*

*Instructor Signature:*

*Date:*

**71:374 Year 3 Consolidation**

|              |              |
|--------------|--------------|
|              |              |
| Hours Absent | Hours Makeup |

*Student Signature:*

*Instructor Signature:*

*Date:*

**71:452 Clinical Practicum IV – Care of the Palliative Client**

|              |              |
|--------------|--------------|
|              |              |
| Hours Absent | Hours Makeup |

*Student Signature:*

*Instructor Signature:*

*Date:*

**71:453 Clinical Practicum V – Rural Nursing**

|              |              |
|--------------|--------------|
|              |              |
| Hours Absent | Hours Makeup |

*Student Signature:*

*Instructor Signature:*

*Date:*