

## Appendix A: James Madison University School of Nursing At-Risk Form

Course name	
Course Instructor	
Student name	
Student ID number	

**Description of specific/supportive data** (List Academic policies, PET outcomes not met with description):

**Plans for improvement** (Short-term interventions/goals should be developed collaboratively with the student):

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RN-BSN Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_