Appendix A: CSEC Remediation Referral Form

REMEDIATION REFERRAL

Clinical Skills Enhancement Center

DATE SUBMITTED: Click here to enter a date. **REFERRED BY:** Click here to enter text.

STUDENT NAME: **Click here to enter text.** **(QTR:** Choose an item.**)**

COURSE: Choose an item.

REASON FOR REFERRAL: *If the student is being referred for a failed exam, please include a scan of the exam and applicable course notes. ---* Click here to enter text.

WHAT REMEDIATION / ENHANCEMENT HAS BEEN TRIED SO FAR? Click here to enter text.

ENHANCEMENT DUE DATE: **Click here to enter a date.**

MARK ALL CATEGORIES THAT NEED REMEDIATION
& WRITE DETAILED COMMENTS FOR EACH APPLICABLE SECTION.

HISTORY	Documentation	Technique	Knowledge
Chief Complaint	☐	☐	☐
Personal Health	☐	☐	☐
Family/Social	☐	☐	☐
DDX list	☐	☐	☐

REQUIRED COMMENTS (be specific): Click here to enter text.

PHYSICAL EXAM	Documentation	Technique	Knowledge
SOAP Notes	☐	☐	☐
Neuro	☐	☐	☐
Ortho:	☐	☐	☐
☐ Cx / Tx	☐	☐	☐
☐ Lx / SI	☐	☐	☐
☐ UE	☐	☐	☐
☐ LE	☐	☐	☐
General PE:	☐	☐	☐
☐ EENT	☐	☐	☐
☐ Abdominal	☐	☐	☐
☐ Heart/Lung	☐	☐	☐
☐ Vitals	☐	☐	☐

REQUIRED COMMENTS (be specific): Click here to enter text.

TREATMENT / MANAGEMENT	Documentation	Technique	Knowledge
Treatment Plan	☐	☐	☐
Treatment Goals	☐	☐	☐
SOAP Notes (Non EHR)	☐	☐	☐
ROF	☐	☐	☐
PARQ	☐	☐	☐
PT Modalities	☐	☐	☐
Rehab	☐	☐	☐
Soft Tissue	☐	☐	☐

REQUIRED COMMENTS (be specific): Click here to enter text.

ADJUSTING	Documentation	Technique	Knowledge
Cx	☐	☐	☐
Tx	☐	☐	☐
Lx	☐	☐	☐
SI	☐	☐	☐
UE	☐	☐	☐
LE	☐	☐	☐

REQUIRED COMMENTS (be specific): *Please identify the top three (3) areas of weakness. (Example: confidence, drop, knowledge of set-ups, etc.)* --- Click here to enter text.

DX / CLINICAL THINKING	Documentation	Technique	Knowledge
No support for 1˚DX	☐	☐	☐
No R/O DDXs	☐	☐	☐
Too many unlikely DDXs	☐	☐	☐

REQUIRED COMMENTS (be specific): Click here to enter text.

SPECIAL STUDIES	Documentation	Technique	Knowledge
Imaging:	☐	☐	☐
☐ Plain film	☐	☐	☐
Other: Click here to enter text.	☐	☐	☐
Lab:	☐	☐	☐
☐ Blood	☐	☐	☐
☐ Chem	☐	☐	☐
☐ UA	☐	☐	☐
Other: Click here to enter text.	☐	☐	☐

REQUIRED COMMENTS (be specific): Click here to enter text.

INTERPERSONAL SKILLS / COMMUNICATION

REQUIRED COMMENTS (be specific): Click here to enter text.

PRELIMINARY REPORT — CSEC Director

Referral Code:

- ☐ **101** - History
- ☐ **102** - Physical Exam
- ☐ **103** – Treatment / Management
- ☐ **104** – Adjusting
- ☐ **105** – Dx / Clinical Thinking
- ☐ **106** – Special Studies
- ☐ **107** – Interpersonal Skills / Communication

Planned course of action: Click here to enter text.

Remediation to be performed by (faculty member / TA): Click here to enter text.

Timeline of remediation: Click here to enter text.

FORMATIVE OUTCOME REPORT — Remediation TA

Date of Report: Click here to enter a date. **Submitted by:** Click here to enter text.

Completed remediation: ☐ YES ☐ NO SHOW

Outcome Report: Click here to enter text.

Date of Report: Click here to enter a date. **Submitted by:** Click here to enter text.

Completed remediation: ☐ YES ☐ NO SHOW

Outcome Report: Click here to enter text.

Date of Report: Click here to enter a date. **Submitted by:** Click here to enter text.

Completed remediation: ☐ YES ☐ NO SHOW

Outcome Report: Click here to enter text.

SUMMATIVE FINAL OUTCOME REPORT — CSEC Director

METHOD OF RE-ASSESSMENT: Click here to enter text.

- ☐ **CSA Exam**
- ☐ **Clinical Assessment**
- ☐ **Retake of failed exam**
- ☐ **Personal evaluation by Instructor/Clinician**

Student meets intended goals: ☐ YES ☐ NO

Further action needed (*MUST SUBMIT NEW FORM): Click here to enter text.

Additional Comments: Click here to enter text.