## School of Nursing Report of Behavior Congruent with Impairment

Student Name:					
Clinical Site:					
Course:		Faculty:			
<ul> <li>Noticea</li> <li>Repeate</li> <li>Isolatio</li> <li>Increase</li> <li>Physica gait, or Summe</li> <li>K. Knip</li> </ul>	disheveled appearance (ac	periences; ce of students or faculty; e bathroom; tremors, dilated or const dapted from Pennsylvani, rses recognize and suppo	ricted pupils, slurred speech a State Board of Nursing Nort colleagues who may be	lewsletter,	
Signs of impair	ment with specific, object	ive observations:			
☐ Notific ☐ Disposition ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		ampus Safety ampus Safety ampus Safety ace			
Identification of	others who observed cond	uct:			
Name	Employer	Role	email	phone	
Name	Employer	Role	email	phone	
Name	Employer	Role	email	phone	
Faculty Signature:			Date:		