

First Aid Friday (FAF) Referral Form

Date:

Student Name:

Instructor/Person Referring:

TO BE COMPLETED BY PERSON MAKING REFERRAL (CLINICAL INSTRUCTOR)

This student needs to attend FAF this coming Friday to practice _____.

Background Information: (What led to referral; what behavior was exhibited that warrants this referral)

Specify exactly “what” the student should do during FAF: (e.g. return-demo IVPB administration, full physical assessment technique, Foley cath insertion, practice writing NCP goals/objectives, etc.)

Specify preference for tutor/FAF evaluator:

Peer Tutor (nursing student) _____

Teaching Assistant/TA (current RN in grad school) _____

Either Peer Tutor “or” TA _____

(Note: Skills return demonstration or “check-off” should be performed by TA.)

TO BE COMPLETED BY PERSON WHO WORKS WITH STUDENT IN FAF

Date:

TA/Peer Tutor Who Worked with Student:

Comments about FAF performance:

The student will return this completed form to the clinical instructor the following week. If not adequately completed, the student may be given an unsatisfactory clinical performance that week.