

INCIDENT REPORT
IDAHO STATE UNIVERSITY
RADIOGRAPHIC SCIENCE PROGRAM

Students will be counseled regarding inappropriate conduct or clinical performance.

STUDENT: _____

DATE: _____

I. Reason for incident report

- Excessive absenteeism Violation of clinical facility rules
- Tardiness Violation of safety rules
- Failure to follow instructions Misconduct (per handbook)
- Unsatisfactory clinical performance
- Other: _____

II. Statement/comments:

III. Recommendations for improvement and/or expectations for the future (if required):

Student Date

Clinical Preceptor (if applicable) Date

Clinical Coordinator Date

Program Director Date