Covenant School of Nursing

CSON Student Community Site Verification Form

Instructional Module: IM 6

Student Name: Isaac Ariza

Please call the CSON Instructor(s) should you have any additional comments regarding the student's performance and/or participation today.

Instructor Contact Information:
Donna Neel – Cell (806) 441-5222 or Office (806) 725-8934
Rachel Soliz – Cell (806) 781-0689 or Office (806) 725-8951

Community Site: Dr. Zavala **Date:** 04/17/24
Student's Arrival Time: 0800 **Departure Time:** 1700
Printed Name of Staff: _____ **Signature:** [illegible]

Community Site: _____ **Date:** _____
Student's Arrival Time: _____ **Departure Time:** _____
Printed Name of Staff: _____ **Signature:** _____

Community Site: _____ **Date:** _____
Student's Arrival Time: _____ **Departure Time:** _____
Printed Name of Staff: _____ **Signature:** _____

Community Site: _____ **Date:** _____
Student's Arrival Time: _____ **Departure Time:** _____
Printed Name of Staff: _____ **Signature:** _____

Community Site: _____ **Date:** _____
Student's Arrival Time: _____ **Departure Time:** _____
Signature: _____