

**Covenant School of Nursing  
Community Site Verification Form & Reflection  
Instructional Module 5**

This is to verify that \_\_\_\_\_ has completed clinical hours as part of the IM5 course requirement.

Date: \_\_\_\_\_

Community Site: \_\_\_\_\_

Student's Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Printed Name of Staff: \_\_\_\_\_

Signature of Staff: \_\_\_\_\_

**Please call the CSON Instructor, Mrs. Cindy Gordey at 806.781.3334 should you have any additional comments regarding the student's performance and/or participation today.**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student's reflection of the day and your take aways:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Please email the completed form to Mrs. Gordey at the end of the clinical day.**