Covenant
School of Nursing

CSON Student Specialty Clinical Site Verification Form

Instructional Module: IM7

Student Name: Rafaella Colmenero

Specialty Clinical Site: *Wound Care Center* Date: 10/20/25

Student's Arrival Time: 1600 Departure Time: 1800

Student expectations: The student is expected to arrive on time, professionally dressed in uniform, and remain highly engaged in specialty site activities.

Student Expectations: Met ✓ Not Met ____

If not met, please elaborate or notify the covering faculty member on call.

_____

_____

_____

Printed Name of Staff or Supervisor: Kelsey Barley

Cell of Staff or Supervisor: (806) 7257070

Signature: Kelsey Barley

Please call the CSON Instructor covering the assigned specialty clinical date should you have any additional comments regarding the student's performance and/or participation today.

Thank you for supporting our students. We appreciate you.

Students need to upload the signed copy to Dropbox within 48 hours of observation.

Ms. Ponder cell: 806-928-0826 August 18th

Ms. Ponder cell: 806-928-0826	August 18th
Dr. Kineman-Wiginton cell: 806-632-2300	September 4th & September 22nd
Dr. Spradling cell: 806-252-0992	August 25th & September 15th
Dr. Smith cell: 806-789-9408	August 14th & September 8th

****Specialty Clinical Time: 1400-1700**