

CSON Student Specialty Clinical Site Verification Form

Instructional Module: IM7

Student Name: Alyssa Paganano

Specialty Clinical Site: Wound Care Center Date: 2/9/26

Student's Arrival Time: 16:00 Departure Time: 18:00

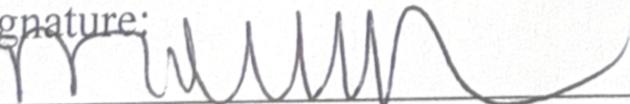
Student expectations: The student is expected to arrive on time, professionally dressed in uniform, and remain highly engaged in specialty site activities.

Student Expectations: Met Not Met

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

Printed Name of Staff or Supervisor: Mahogany Wilson

Cell of Staff or Supervisor: () N/A

Signature: 

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.