**Clinical Preparation:**

**Student Learner Self-Assessment and Planning Tool**

**Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinical Placement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_ I have submitted by Background Form to my Clinical Instructor and/or PHN Agency Representative.

\_\_\_ I have reviewed HIPAA guidelines.

\_\_\_ I have submitted documentation of results of tuberculosis testing.

\_\_\_ I have reviewed the course syllabus, course requirements, and assignments.

\_\_\_ I have acquired course text and other needed resources.

\_\_\_ I have reviewed the preparation materials from the PHN Agency and/or the PHN Agency website.

\_\_\_ I have completed my *Student Learner Self-Assessment*.

\_\_\_ I have completed contacted my PHN preceptor to arrange for our first meeting or clinical activity.

\_\_\_ I have assessed my learning style and preferences and discussed these with my PHN preceptor.

List your learning styles by preference: 1 = first choice.

\_\_\_\_ Reading \_\_\_\_ Listening \_\_\_\_ Observing \_\_\_\_ Doing

I like to learn: \_\_\_\_ Alone \_\_\_\_ With another person \_\_\_\_ Within a group

\_\_\_ I have discussed my personal preferences and priorities for this clinical with my PHN preceptor and modified my expectations to fit PHN Agency opportunities and PHN preceptor availability.

\_\_\_ I agree to review relevant public health nursing theory and skills from text and course materials prior to each clinical experience.

**Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_**