NAH DISCIPLINARY ACTION FORM

Any violations of the South Texas College Student Code of Conduct, NAH Program Standards, and/or Safe Practice Standards will result in disciplinary action. The sanctions taken will be dependent on the nature and severity of the incident and potential or real threat to client safety and well-being or risk for the Program, College, and the clinical affiliate agency.

Student Information:
Student Name: _____ ID#: _____

Jagnet E-mail Account: _____@stu.southtexascollege.edu

Program: _____ Date:_____

Area of Concern: ☐ STC Student Code of Conduct ☐ Academic Integrity
☐ NAH Professional Behaviors ☐ Unsafe Practice ☐ Other

Quote Specific STC Code of Conduct/NAH/Program Standard/s that was/were violated:
_____
_____
_____

Violation Information:
Date of Incident: _____ Time of Incident: _____ Location of Incident: _____

Any Witness/es & Contact #: _____
_____

Were there any witnesses to the incident: ☐ No ☐ Yes (If yes, please list names and contact #):
_____

Any Witness Statements: ☐ Yes (please see attached page) ☐ No

Program Faculty Information:
Name: _____ Title: _____ Office Tel #: _____

☐ See Student Performance Improvement Plan OR ☐ Recommended Action below:
_____
_____
_____

Faculty Signature: _____ **Date:** _____

I, _____ acknowledge the receipt of this disciplinary action form dated _____/_____/_____. My acknowledgement does not signify my agreement with its content. I understand that a copy of this form will be placed in my student file and that I have the right to initiate a written response within 2 working days from the date of this letter following the NAH Division chain of command. Failure to initiate a written response would mean my approval of the Student Performance Improvement Plan.

Student Signature: _____ **Date:** _____