

Student Behaviour Observation Form

*Please fill out this form for any student whose behaviour requires intervention by the Dean's Office.

Student Name: _____
Student ID No.: _____
Program & Year of the Study: _____
Course: _____
Name of Observer: _____
Date: _____

Professional responsibility

- failing to complete assigned tasks (written assignments, learning logs)
- violating doctor-patient confidentiality
- failing to protect confidential patient data
- damaging school property
- ignoring teacher's commands
- unexcused absences
- repeated tardiness
- not responding to emails/phones
- possession, use or distribution of illegal drugs
- possession or use of alcoholic beverages
- showing up at classes/ in departments/ in University classes under the influence of alcohol and /or illegal drugs
- inappropriate dress
- talking during classes *
- falling asleep *
- reading other subject books in class *
- playing the telephone/laptop *
- other: _____

* applies to repeated activities occurring over the course of a few classes

Professional relationship

- disrespectful to patients
- disrespectful to Faculty and staff (including use of improper language)
- disrespectful to colleagues
- displaying lack of respect for other people
- stalking, mobbing and emotional abuse
- sexual harassment
- other: _____

Honesty and integrity

- cheating in exams/tests
- forging any kind of signature, stamp or document
- audio and video recording
- distributing copyright protected materials in an unauthorized way
- other: _____

The form should be sent to the Center of Medical Education in English directly to email address pums@pums.edu.pl. Student will receive formative discussion of the above concern.

Signature _____

Date of Signature ____/____/____ (dd/mm/yyyy)