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: ______________________