Washington University School of Medicine  
Program in Audiology and Communication Sciences  

Professionalism Concern Form

<table>
<thead>
<tr>
<th>Student name</th>
<th>Name of individual completing form</th>
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<td>Course, site, or setting, if applicable</td>
<td>Term/date of behavior/concern</td>
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This student has exhibited one or more of the following behaviors that need improvement to meet expected standards of professional behaviors as outlined in the Guiding Principles of Professionalism. *The individual completing this form should attach any relevant documentation and submit with the original, signed document.*

This student needs further education or assistance with the following: (circle all that apply):

1. **Professional Responsibility**
   - a. Participation in their education and community
   - b. Attendance, punctuality, and/or notification of absences for required activities
   - c. Contributing to an atmosphere conducive to learning, respectful of self and others, and promoting a safe environment

2. **Competence and Self-Improvement**
   - a. Maintenance of personal physical and emotional health
   - b. Acceptance of feedback and constructive criticism
   - c. Prioritization of graduate education and other responsibilities

3. **Respect for Others**
   - a. Conducting themselves in a respectful manner
   - b. Working with others in a collaborative and encouraging manner
   - c. Respecting the diversity of faculty, staff, fellow students, and the individuals served
   - d. Resolving conflicts in an appropriate manner
   - e. Establishing and maintaining appropriate boundaries in professional situations

4. **Honesty and Integrity**
   - a. Maintaining honesty and integrity
   - b. Communicating abilities and level of training
   - c. Maintaining a professional manner in language, deportment, and appearance
   - d. Maintaining appropriate relationship with pharmaceutical and/or device manufacturers

5. **Other (please comment):**

   ____________________________________________
   ____________________________________________
   ____________________________________________

Evaluator signature __________________________ Date __________ Phone number __________

I have read this evaluation and discussed it with the individual completing the form. (Required)

Student signature __________________________ Date __________

Student comments may be included on the back of this form or on an attached sheet (optional).

*Please return this form to the PACS Office upon completion.*