Washington University School of Medicine
Program in Audiology and Communication Sciences

Professionalism Concern Form

Student name	**Name of individual completing form**
Course, site, or setting, if applicable	**Term/date of behavior/concern**

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.