

NEW YORK CITY COLLEGE OF TECHNOLOGY

DEPARTMENT OF NURSING

STUDENT CLIENT ASSIGNMENT

Hospital/Facility _____

Unit _____ Time on _____ Course _____

Date _____ Time off _____ Instructor _____

Clinical Objectives: _____

	ROOM NUMBER	CLIENT	STUDENT ASSIGNED
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			