

COMPREHENSIVE CLINICAL EXAMINATION SUMMARY

Following Conditional Pass

Please submit this form, to the Office of Clinical Training within 7 days of completed evaluation.

Student: _____ Date: _____

SIGNATURE OF DESIGNATED PANEL MEMBER(S):

Chair: _____
(Signature)

Member: _____
(Signature)

Member: _____
(Signature)

GLOBAL EVALUATION OF PERFORMANCE:

Fail*

Pass

* requires re-examination and completion of Re-examination Form

LEVEL OF PERFORMANCE:

This student is prepared to complete his/her final year of clinical practicum with:

Close Supervision
1

Some Remedial Supervision
2

Routine Supervision
3

COMMENTS (to be passed on to this student's next practicum site supervisor):

Please clearly describe all strengths: (Use additional space on reverse side if needed.)

Please clearly note all areas requiring special work over the next year: (Use reverse if needed.)