

**COMPREHENSIVE CLINICAL EXAMINATION
SUMMARY**

Re-Examination

*Please submit this form, along with all other forms completed by panel members,
and student's CCE materials, to the Office of Clinical Training within 7 days of the re- examination.*

Student: _____ Date: _____

SIGNATURE OF EACH PANEL MEMBER:

Chair: _____
(Signature)

Member: _____
(Signature)

Member: _____
(Signature)

GLOBAL EVALUATION OF PERFORMANCE:

Fail* **Conditional Pass**** **Pass**

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

** requires revision/addition and completion of Conditional Pass 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.)