

STUDENT DETAILS

Student name:

Home institution:

ELECTIVE DETAILS

Dates:

Department:

Supervisor Name:

Supervisor's Email:

General Assessment: (please circle)

Did the student attend regularly? Yes No

Did the student contribute to your activities? Yes No

Do you think the student learned from their time at the Austin? Yes No

Was the student a good ambassador for their home institution? Yes No

(please tick)	EXCELLENT	GOOD	AVERAGE	POOR
Demonstration of Factual Knowledge				
Demonstration of Clinical Skills				
Professionalism				

GENERAL COMMENTS:

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SIGNED (supervisor to sign)

CLINICAL SCHOOL STAMP

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