



**Student Name:** Rhea Yan Ying Tan 642160  
**GP:** Dr R Aurora  
**Practice:** Oxford Drive Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Knowledge</b> Has the student achieved the appropriate level of knowledge for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



**Student Name:** Ravina Tanna 641336  
**GP:** Dr S (Mrs) Parameshwaran  
**Practice:** The Surgery  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Knowledge</b> Has the student achieved the appropriate level of knowledge for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



**Student Name:** Dexter Tarr 593835  
**GP:** Dr Jamila Sherif  
**Practice:** Pinn Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

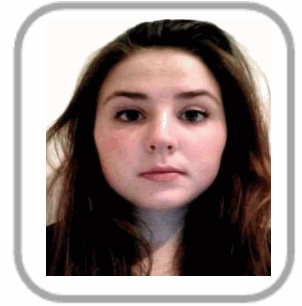
**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Knowledge</b> Has the student achieved the appropriate level of knowledge for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



**Student Name:** Eleanor Jenny Rose Taylor 640715  
**GP:** Dr Jonathan Barnes  
**Practice:** Sheen Lane Health Centre  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?		
Meets Expectations	<input type="checkbox"/>			
Borderline	<input type="checkbox"/>			
Below Expectations	<input type="checkbox"/>			
Unable to Comment	<input type="checkbox"/>			
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?		
Meets Expectations	<input type="checkbox"/>			
Borderline	<input type="checkbox"/>			
Below Expectations	<input type="checkbox"/>			
Unable to Comment	<input type="checkbox"/>			
Above Expectations	<input type="checkbox"/>	<b>Knowledge</b> Has the student achieved the appropriate level of knowledge for Year 3?		
Meets Expectations	<input type="checkbox"/>			
Borderline	<input type="checkbox"/>			
Below Expectations	<input type="checkbox"/>			
Unable to Comment	<input type="checkbox"/>			
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



**Student Name:** Jonathan Taylor 640126  
**GP:** Dr Dave Sharma  
**Practice:** Northwick Surgery  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Knowledge</b> Has the student achieved the appropriate level of knowledge for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



**Student Name:** Anna Louise Tennant 643028  
**GP:** Dr Neil Jackson  
**Practice:** Acorn Group Practice  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Knowledge</b> Has the student achieved the appropriate level of knowledge for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



**Student Name:** Daryl Jian Ming Teo 593092  
**GP:** Dr Ali Dhankot  
**Practice:** Elliott Hall Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?		
Meets Expectations	<input type="checkbox"/>			
Borderline	<input type="checkbox"/>			
Below Expectations	<input type="checkbox"/>			
Unable to Comment	<input type="checkbox"/>			
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?		
Meets Expectations	<input type="checkbox"/>			
Borderline	<input type="checkbox"/>			
Below Expectations	<input type="checkbox"/>			
Unable to Comment	<input type="checkbox"/>			
Above Expectations	<input type="checkbox"/>	<b>Knowledge</b> Has the student achieved the appropriate level of knowledge for Year 3?		
Meets Expectations	<input type="checkbox"/>			
Borderline	<input type="checkbox"/>			
Below Expectations	<input type="checkbox"/>			
Unable to Comment	<input type="checkbox"/>			
Yes	Borderline	No	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



**Student Name:** Samantha Louise Thalayasingam 636178  
**GP:** DR Sameeya Bhatti  
**Practice:** Cedars Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		





**Student Name:** Mathura Thavendran 640338  
**GP:** Dr Richard C Hooker  
**Practice:** Holland Park Surgery  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
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Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Date	Date



**Student Name:** Priyanga Thayalacumar 638911  
**GP:** Dr Nishali Patel  
**Practice:** Hillview Surgery  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

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Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations	<input type="checkbox"/>	GP Name	Student Signature	
Meets Expectations	<input type="checkbox"/>	Signature		Date
Borderline	<input type="checkbox"/>			
Below Expectations	<input type="checkbox"/>			



**Student Name:** Mona Theodoraki 643541  
**GP:** Dr Ian Perry  
**Practice:** Twickenham Park Surgery  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



**Student Name:** Senthuran Thillainathan 768936  
**GP:** Dr Eamonn Rabie  
**Practice:** Grove Medical Practice  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
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Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



**Student Name:** Megan Thomas 643766  
**GP:** Dr Ashok Kelshiker  
**Practice:** Elliott Hall Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



**Student Name:** Brendan Lawless Thoms 526810  
**GP:** Dr Stephanie Lewis  
**Practice:** The Surgery  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

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Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



**Student Name:** Samuel Alexander Brij Tindall 640986  
**GP:** Dr Jeremy Gray  
**Practice:** Lavender Hill Group Practice  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Knowledge</b> Has the student achieved the appropriate level of knowledge for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



**Student Name:** Joshua Tognarelli 639940  
**GP:** Dr Davinder Sidhu  
**Practice:** Shepperton Health Centre  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Knowledge</b> Has the student achieved the appropriate level of knowledge for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		





**Student Name:** Jonathan Edward Topping 643117  
**GP:** Dr Tilly Griffith  
**Practice:** Little Park Surgery  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Knowledge</b> Has the student achieved the appropriate level of knowledge for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



**Student Name:** Samuel James Trenchard 636561  
**GP:** Dr Akbar Khan  
**Practice:** Horn Lane Surgery  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Knowledge</b> Has the student achieved the appropriate level of knowledge for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



**Student Name:** Anna Angela Trepkli 644194  
**GP:** Dr Jaspreet Grewal  
**Practice:** Waterside Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Knowledge</b> Has the student achieved the appropriate level of knowledge for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



**Student Name:** Hannah Tullett 642450  
**GP:** Dr Seda Boghossian-Tighe  
**Practice:** Staines Thameside Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Knowledge</b> Has the student achieved the appropriate level of knowledge for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Date	Date



**Student Name:** Angus Turnbull 551766  
**GP:** Dr Ashok Kelshiker  
**Practice:** Elliott Hall Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Knowledge</b> Has the student achieved the appropriate level of knowledge for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



**Student Name:** Paramjit Uppal 640266  
**GP:** Dr Kushal Barai  
**Practice:** Waterside Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Knowledge</b> Has the student achieved the appropriate level of knowledge for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



**Student Name:** Ines Vaz 640827  
**GP:** Dr Paul Reynolds  
**Practice:** Elthorne Park Surgery  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Knowledge</b> Has the student achieved the appropriate level of knowledge for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



**Student Name:** Uma Venkataraman 639397  
**GP:** Dr Rakhi Sehmi  
**Practice:** The Surgery  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Knowledge</b> Has the student achieved the appropriate level of knowledge for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		





**Student Name:** Laura Vickers 642528  
**GP:** Dr Davinder Sidhu  
**Practice:** Shepperton Health Centre  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Knowledge</b> Has the student achieved the appropriate level of knowledge for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



**Student Name:** Demelza Rose Vinnicombe 768957  
**GP:** Dr Padma Kanthan  
**Practice:** 259 Station Road  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Knowledge</b> Has the student achieved the appropriate level of knowledge for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



**Student Name:** Nicholas von Guionneau 640624  
**GP:** Dr Jas Dua  
**Practice:** Kensington Park Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

**Please comment on suggested areas of improvement:**

**Please tick grade for each domain and add a comment if you wish**

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Knowledge</b> Has the student achieved the appropriate level of knowledge for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



**Student Name:** Lena Elisabeth Felicitas von Heimendahl 596225  
**GP:** Dr Rakhesh Patel  
**Practice:** Hounslow Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Knowledge</b> Has the student achieved the appropriate level of knowledge for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



**Student Name:** Isabell Sophie von Loga 682355  
**GP:** Dr Caroline Stott  
**Practice:** Emperor's Gate Centre for Health  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Knowledge</b> Has the student achieved the appropriate level of knowledge for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		