



Student Name: Alison Wallace 641316
GP: Dr Mark Giles
Practice: Woodfield Road 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"/>	History taking and communication skills 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"/>	Clinical and examination skills 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"/>	Knowledge 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	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Attendance Respect for patients Working with colleagues
<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: Caoimhe Michelle Walsh 636559
GP: Dr Yudish Sabapathippillai
Practice: Civic 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"/>	History taking and communication skills 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"/>	Clinical and examination skills 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"/>	Knowledge 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	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Attendance Respect for patients Working with colleagues
<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: Yifei Wang 638812
GP: Dr Mohammad Maloufi
Practice: The 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"/>	History taking and communication skills 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"/>	Clinical and examination skills 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"/>	Knowledge 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	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Attendance Respect for patients Working with colleagues
<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: Daniel Ward 685074
GP: Dr Monica Banerjee
Practice: Manor 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"/>	History taking and communication skills 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"/>	Clinical and examination skills 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"/>	Knowledge 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: Lianne Danielle Warr 682721
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"/>	History taking and communication skills 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"/>	Clinical and examination skills 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"/>	Knowledge 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	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Attendance Respect for patients Working with colleagues
<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: Sarah Warren 641346
GP: Dr Alick Munro
Practice: Cranford 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"/>	History taking and communication skills 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"/>	Clinical and examination skills 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"/>	Knowledge 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	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Attendance Respect for patients Working with colleagues
<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: Jennifer Rosalind Watson 642735
GP: Dr Lini Eades
Practice: Chartfield 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"/>	History taking and communication skills 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"/>	Clinical and examination skills 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"/>	Knowledge 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	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Attendance Respect for patients Working with colleagues
<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: Rui Wei 637888
GP: Dr Mohammad Bakhtiar
Practice: Maida Vale 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"/>	History taking and communication skills 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"/>	Clinical and examination skills 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"/>	Knowledge 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"/>		
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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: Frances Wensley 582801
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"/>	History taking and communication skills 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"/>	Clinical and examination skills 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"/>	Knowledge 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"/>			
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Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Attendance Respect for patients Working with colleagues	
<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: Adam Weston 551036
GP: Dr Sohael Rahman
Practice: Belgrave 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"/>	History taking and communication skills 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"/>	Clinical and examination skills 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"/>	Knowledge 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	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Attendance Respect for patients Working with colleagues
<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: Leo Whitehead 642835
GP: Dr Alick Munro
Practice: Cranford 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"/>	History taking and communication skills 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"/>		
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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"/>	

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: Nina Carolin Wietek 768948
GP: Dr Sohael Rahman
Practice: Belgrave 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"/>	History taking and communication skills 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"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
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Borderline	<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"/>	

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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: Ryan Gabriel Williams 685799
GP: Dr Ashwin Anenden
Practice: Freeman 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"/>	History taking and communication skills 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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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"/>	

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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: Emma Catrin Williamson 638740
GP: Dr Jyoti Ramchandani
Practice: Belmont 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"/>	History taking and communication skills 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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Unable to Comment	<input type="checkbox"/>		
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Borderline	<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: Bethany Rachel Willis 636696
GP: Dr Ricardo Manzanera
Practice: Hammersmith & Fulham Centres 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"/>	History taking and communication skills 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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Above Expectations	<input type="checkbox"/>	Knowledge Has the student achieved the appropriate level of knowledge 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"/>	

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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: Melanie Wilson 596875
GP: Dr Ashwin Anenden
Practice: Freeman 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"/>	History taking and communication skills 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"/>	Clinical and examination skills 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"/>	Knowledge 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	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Attendance Respect for patients Working with colleagues
<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: Jessica Sue Yi Wong 639893
GP: Dr Mala Dalal
Practice: Roxbourne 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"/>	History taking and communication skills 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"/>	Clinical and examination skills 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"/>	Knowledge 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	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Attendance Respect for patients Working with colleagues
<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"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>	Signature	Date
			Date



Student Name: Alexandra Wood 658174
GP: Dr Daniel Brook
Practice: Law Medical 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"/>	History taking and communication skills 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"/>	Clinical and examination skills 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"/>	Knowledge 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	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Attendance Respect for patients Working with colleagues
<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: Katherine Wright 644947
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"/>	History taking and communication skills 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"/>	Clinical and examination skills 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"/>	Knowledge 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	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Attendance Respect for patients Working with colleagues
<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"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>	Signature	Date
			Date



Student Name: Ran Xiong 639818
GP: Dr Luna Das
Practice: Boileau Road Surgery
Date: 12-March-2013 to 17-May-2013

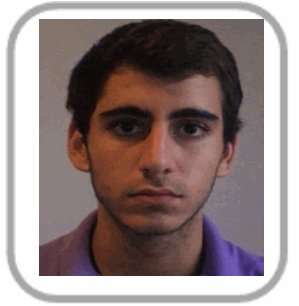
Please comment on suggested areas of improvement:

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

Above Expectations	<input type="checkbox"/>	History taking and communication skills 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"/>	Clinical and examination skills 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"/>	Knowledge 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	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Attendance Respect for patients Working with colleagues
<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: Diamantis Xylas 642474
GP: Dr Andy McKeown
Practice: Iver Medical Practice
Date: 12-March-2013 to 17-May-2013

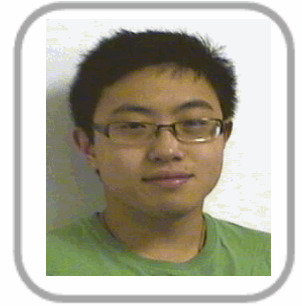
Please comment on suggested areas of improvement:

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

Above Expectations	<input type="checkbox"/>	History taking and communication skills 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"/>	Clinical and examination skills 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"/>	Knowledge 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	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Attendance Respect for patients Working with colleagues
<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: Narisu Yang 637120
GP: Dr Nishali Patel
Practice: Hillview 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"/>	History taking and communication skills 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"/>	Clinical and examination skills 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"/>	Knowledge 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	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Attendance Respect for patients Working with colleagues
<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: Eirene Yeung 596619
GP: Dr Andy McKeown
Practice: Iver 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"/>	History taking and communication skills 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"/>	Clinical and examination skills 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"/>	Knowledge 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	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Attendance Respect for patients Working with colleagues
<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: Paula Sophie Zaininger 643076
GP: Dr Mydhilli Chellappah
Practice: Paxton Green Group Practice
Date: 12-March-2013 to 17-May-2013

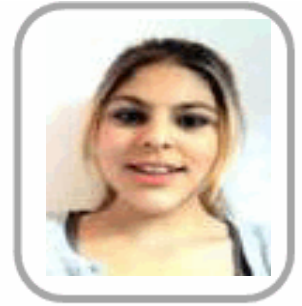
Please comment on suggested areas of improvement:

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

Above Expectations	<input type="checkbox"/>	History taking and communication skills 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"/>	Clinical and examination skills 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"/>	Knowledge 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	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Attendance Respect for patients Working with colleagues
<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: Alice Nicole Zangouras 637387
GP: Dr Arun Thiyagarajan
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"/>	History taking and communication skills 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"/>	Clinical and examination skills 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"/>	Knowledge 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	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Attendance Respect for patients Working with colleagues
<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: David Zargaran 593381
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"/>	History taking and communication skills 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"/>	Clinical and examination skills 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"/>	Knowledge 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	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Attendance Respect for patients Working with colleagues
<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: Abigail Zeitlin 555699
GP: Dr Shonella Singh
Practice: Mansell Road 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"/>	History taking and communication skills 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"/>	Clinical and examination skills 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"/>	Knowledge 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	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Attendance Respect for patients Working with colleagues
<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: Alexa Xiao Di Zhang 643875
GP: Dr Ricardo Manzanera
Practice: Hammersmith & Fulham Centres 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"/>	History taking and communication skills 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"/>	Clinical and examination skills 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"/>	Knowledge 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	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Attendance Respect for patients Working with colleagues
<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: Sihao Zhao 640793
GP: Dr Oliver Walker
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"/>	History taking and communication skills 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"/>	Clinical and examination skills 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"/>	Knowledge 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	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Attendance Respect for patients Working with colleagues
<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: Julia Zimmermann 643610
GP: Dr Sohael Rahman
Practice: Belgrave 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"/>	History taking and communication skills 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"/>	Clinical and examination skills 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"/>	Knowledge 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	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Attendance Respect for patients Working with colleagues
<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"/>		