### **Year 5 Paediatrics Core Rotation Assessment**

Student Name: Miss Murooj Abdi CID: 510093

Attachment: Paediatrics Core Hospital West Middlesex Hospital

**Date:** 7 January 2013 to 22 February 2013



#### Supervisor / Tutor's feedback:

F	Please comment on the student's strengths:
F	Please comment on suggested areas of improvement:
It	f unable to comment, please give reasons:

Please indicate the student's overall performance during the core rotation					
Above Expectations		Supervisor / Tutor's Name:		Student Signature	
Meets Expectations					
Borderline		Signature:	Date:		
Below Expectations You MUST give comments)				Date:	

### **Year 5 Paediatrics Core Rotation Assessment**

Student Name: Miss Rachael Aldersley CID: 554469

**Attachment:** Paediatrics Core Hospital

Hospital: Chelsea and Westminster Hospital

7 January 2013 to 22 February 2013



#### Supervisor / Tutor's feedback:

Please comment on the student's strengths:	\
Please comment on suggested areas of improvement:	
If unable to comment, please give reasons:	
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Please indicate the student's overall performance during the core rotation					
Above Expectations		Supervisor / Tutor's Name:		Student Signature	
Meets Expectations					
Borderline		Signature:	Date:		
Below Expectations You MUST give comments)				Date:	

### **Year 5 Paediatrics Core Rotation Assessment**

**Student Name:** Mr. Bahig Saleh Keddis Aziz CID: 707037

Attachment: Paediatrics Core Hospital

Hospital: Ealing Hospital

Date: 7 January 2013 to 22 February 2013



#### Supervisor / Tutor's feedback:

Please comment on the student's strengths:	\	
Please comment on suggested areas of improvement:		
If unable to comment, please give reasons:		

Please indicate the student's overall performance during the core rotation					
Above Expectations		Supervisor / Tutor's Name:		Student Signature	
Meets Expectations					
Borderline		Signature:	Date:		
Below Expectations You <u>MUST</u> give comments)				Date:	

Meets Expectations

Below Expectations

You MUST give comments)

Borderline

Signature:

## **Year 5 Paediatrics Core Rotation Assessment**

Student Name: Miss Krishna Bakhai CID: 511996

Attachment:
Hospital:
Date:
Paediatrics Core Hospital
North West London Hospitals
7 January 2013 to 22 February 2013



#### Supervisor / Tutor's feedback:

May include comments on ability to interact with children of different ages, level of knowledge, professionalism (attendance, punctuality, appearance, respect for patients and their families) and working relationships with peers and health professionals.

	Please comment on the student's strengths:	
	Please comment on suggested areas of improvement:	
	If unable to comment, please give reasons:	
Ρl	Please indicate the student's overall performance during the core rotation	
	Above Expectations Supervisor / Tutor's Name: Student Sig	nature

Date:

Date:

#### **Year 5 Paediatrics Core Rotation Assessment**

Student Name: Miss Hannah Eleanor Barrett CID: 553943

**Attachment:** Paediatrics Core Hospital

Hospital: Chelsea and Westminster Hospital

7 January 2013 to 22 February 2013



Student Signature

Date:

#### Supervisor / Tutor's feedback:

May include comments on ability to interact with children of different ages, level of knowledge, professionalism (attendance, punctuality, appearance, respect for patients and their families) and working relationships with peers and health professionals.

Please indicate the student's overall performance during the core rotation

Signature:

Supervisor / Tutor's Name:

Above Expectations

Meets Expectations

Below Expectations

You MUST give comments)

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Please comment on the student's strengths:	\
	l
Please comment on suggested areas of improvement:	
If unable to comment, please give reasons:	
	,

Date:

### **Year 5 Paediatrics Core Rotation Assessment**

Student Name: Mr Khalil Begg CID: 513347

**Attachment:** Paediatrics Core Hospital

Hospital: Chelsea and Westminster Hospital

Date: 7 January 2013 to 22 February 2013



#### Supervisor / Tutor's feedback:

Please comment on the student's strengths:	\
Please comment on suggested areas of improvement:	
If unable to comment, please give reasons:	

Please indicate the student's overall performance during the core rotation					
Above Expectations		Supervisor / Tutor's Name:		Student Signature	
Meets Expectations					
Borderline		Signature:	Date:		
Below Expectations You MUST give comments)				Date:	

# **Year 5 Paediatrics Core Rotation Assessment**

Student Name: Mr Alexander Beverly CID: 549893

**Attachment:** Paediatrics Core Hospital

Hospital: Chelsea and Westminster Hospital

7 January 2013 to 22 February 2013



#### Supervisor / Tutor's feedback:

Please comment on the student's strengths:	\
Please comment on suggested areas of improvement:	
If unable to comment, please give reasons:	

Please indicate the student's overall performance during the core rotation				
Above Expectations		Supervisor / Tutor's Name:		Student Signature
Meets Expectations				
Borderline		Signature:	Date:	
Below Expectations You <u>MUST</u> give comments)				Date:

#### **Year 5 Paediatrics Core Rotation Assessment**

Student Name: Miss Aliya Bryce CID: 635875

Attachment: Paediatrics Core Hospital St Mary's Hospital

**Date:** 7 January 2013 to 22 February 2013



#### Supervisor / Tutor's feedback:

F	Please comment on the student's strengths:
F	Please comment on suggested areas of improvement:
It	f unable to comment, please give reasons:

Please indicate the student's overall performance during the core rotation						
Above Expectations		Supervisor / Tutor's Name:		Student Signature		
Meets Expectations						
Borderline		Signature:	Date:			
Below Expectations You <u>MUST</u> give comments)				Date:		

## **Year 5 Paediatrics Core Rotation Assessment**

Student Name: Mr Chamandeep Chahal CID: 551731

Attachment: Paediatrics Core Hospital West Middlesex Hospital

**Date:** 7 January 2013 to 22 February 2013



#### Supervisor / Tutor's feedback:

Please comment on the student's strengths:	
Please comment on suggested areas of improvement:	
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If unable to comment, please give reasons:	
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Please indicate the student's overall performance during the core rotation						
Above Expectations		Supervisor / Tutor's Name:		Student Signature		
Meets Expectations						
Borderline		Signature:	Date:			
Below Expectations You MUST give comments)				Date:		

## **Year 5 Paediatrics Core Rotation Assessment**

Student Name: Mr Simon John Cole CID: 548864

Attachment: Paediatrics Core Hospital

Hospital: Chelsea and Westminster Hospital

7 January 2013 to 22 February 2013



#### Supervisor / Tutor's feedback:

Please comment on the student's strengths:	
Please comment on suggested areas of improvement:	
If unable to comment, please give reasons:	

Please indicate the student's overall performance during the core rotation						
Above Expectations		Supervisor / Tutor's Name:		Student Signature		
Meets Expectations						
Borderline		Signature:	Date:			
Below Expectations You <u>MUST</u> give comments)				Date:		

## **Year 5 Paediatrics Core Rotation Assessment**

Student Name: Mr James Alexander Cooper CID: 509474

**Attachment:** Paediatrics Core Hospital

Hospital: Chelsea and Westminster Hospital

7 January 2013 to 22 February 2013



#### Supervisor / Tutor's feedback:

	Please comment on the student's strengths:	\
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	Please comment on suggested areas of improvement:	l
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Please indicate the student's overall performance during the core rotation							
Above Expectations		Supervisor / Tutor's Name:		Student Signature			
Meets Expectations							
Borderline		Signature:	Date:				
Below Expectations You MUST give comments)				Date:			

# **Year 5 Paediatrics Core Rotation Assessment**

Student Name: Mr. Benjamin Ryan Cullinger CID: 597407

**Attachment:** Paediatrics Core Hospital

Hospital: Chelsea and Westminster Hospital

7 January 2013 to 22 February 2013



#### Supervisor / Tutor's feedback:

Please comment on the student's strengths:	
Please comment on suggested areas of improvement:	
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If unable to comment, please give reasons:	
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Please indicate the student's overall performance during the core rotation						
Above Expectations		Supervisor / Tutor's Name:		Student Signature		
Meets Expectations						
Borderline		Signature:	Date:			
Below Expectations You <u>MUST</u> give comments)				Date:		

### **Year 5 Paediatrics Core Rotation Assessment**

**Student Name:** Mr Sandeep Singh Dubb CID: 553712

Attachment: Paediatrics Core Hospital
North West London Hospitals
Date: 7 January 2013 to 22 February 2013



#### Supervisor / Tutor's feedback:

Please comment on the student's strengths:	
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Please comment on suggested areas of improvement:	
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If unable to comment, please give reasons:	l

Please indicate the student's overall performance during the core rotation						
Above Expectations		Supervisor / Tutor's Name:		Student Signature		
Meets Expectations						
Borderline		Signature:	Date:			
Below Expectations You <u>MUST</u> give comments)				Date:		

Above Expectations

Meets Expectations

Below Expectations

You MUST give comments)

Borderline

#### **Year 5 Paediatrics Core Rotation Assessment**

Student Name: Miss Karin Linnea Ek CID: 646100

Attachment:
Hospital:
Date:
Paediatrics Core Hospital
North West London Hospitals
7 January 2013 to 22 February 2013



Student Signature

Date:

#### Supervisor / Tutor's feedback:

May include comments on ability to interact with children of different ages, level of knowledge, professionalism (attendance, punctuality, appearance, respect for patients and their families) and working relationships with peers and health professionals.

Supervisor / Tutor's Name:

Signature:

	Please comment on the student's strengths:
	Please comment on suggested areas of improvement:
	If unable to comment, please give reasons:
	If unable to comment, please give reasons:
ΡI	ease indicate the student's overall performance during the core rotation

Date:

### **Year 5 Paediatrics Core Rotation Assessment**

**Student Name:** Miss Sonja Shun Ya Foo CID: 549098

Attachment: Paediatrics Core Hospital St Mary's Hospital

**Date:** 7 January 2013 to 22 February 2013



#### Supervisor / Tutor's feedback:

	Please comment on the student's strengths:	
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	Please comment on suggested areas of improvement:	
	If unable to comment, please give reasons:	

Please indicate the student's overall performance during the core rotation									
Above Expectations		Supervisor / Tutor's Name:		Student Signature					
Meets Expectations									
Borderline		Signature:	Date:						
Below Expectations You <u>MUST</u> give comments)				Date:					