

**Student Name:** Miss Nikita Shah  
**Attachment:** Paediatrics Residency  
**Hospital:** Kingston Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 551161



**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:**

Please indicate the student's overall performance during residency			
Above Expectations	<input type="checkbox"/>	Supervisor / Tutor's Name:	Student Signature   Date:
Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	
Borderline	<input type="checkbox"/>		
Below Expectations (You <b>MUST</b> give comments)	<input type="checkbox"/>		

**Student Name:** Mr Naveen Sidhu  
**Attachment:** Paediatrics Residency  
**Hospital:** St Mary's Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 552592



**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:**

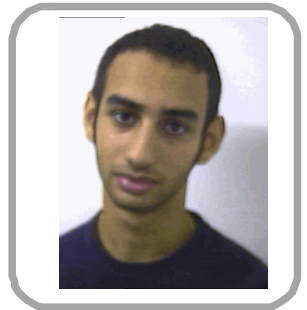
**Please comment on suggested areas of improvement:**

**If unable to comment, please give reasons:**

Please indicate the student's overall performance during residency				
Above Expectations	<input type="checkbox"/>	Supervisor / Tutor's Name:	Student Signature    Date:	
Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____		
Borderline	<input type="checkbox"/>			
Below Expectations (You <b>MUST</b> give comments)	<input type="checkbox"/>			

**Student Name:** Mr John Tadross  
**Attachment:** Paediatrics Residency  
**Hospital:** Hillingdon Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 394328



**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:**

Please indicate the student's overall performance during residency			
Above Expectations	<input type="checkbox"/>	Supervisor / Tutor's Name:	Student Signature    Date:
Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	
Borderline	<input type="checkbox"/>		
Below Expectations (You <b>MUST</b> give comments)	<input type="checkbox"/>		

**Student Name:** Mr. Kishan Tailor  
**Attachment:** Paediatrics Residency  
**Hospital:** Milton Keynes General Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 549805



**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:**

Please indicate the student's overall performance during residency			
Above Expectations	<input type="checkbox"/>	Supervisor / Tutor's Name:	Student Signature   Date:
Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	
Borderline	<input type="checkbox"/>		
Below Expectations (You <b>MUST</b> give comments)	<input type="checkbox"/>		

**Student Name:** Miss Alison Toczek  
**Attachment:** Paediatrics Residency  
**Hospital:** Hammersmith Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 510880



**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:**

Please indicate the student's overall performance during residency		
Above Expectations	<input type="checkbox"/>	Supervisor / Tutor's Name:  Signature: _____ Date: _____  Student Signature  Date: _____
Meets Expectations	<input type="checkbox"/>	
Borderline	<input type="checkbox"/>	
Below Expectations (You <b>MUST</b> give comments)	<input type="checkbox"/>	

**Student Name:** Miss Kani Varshneya  
**Attachment:** Paediatrics Residency  
**Hospital:** Watford General Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 553212



**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:**

Please indicate the student's overall performance during residency				
Above Expectations	<input type="checkbox"/>	Supervisor / Tutor's Name:	Student Signature   Date:	
Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____		
Borderline	<input type="checkbox"/>			
Below Expectations (You <b>MUST</b> give comments)	<input type="checkbox"/>			

**Student Name:** Mr Richard Norman Veerapen Pierce

**CID:** 509714

**Attachment:** Paediatrics Residency

**Hospital:** Queen Alexandra Hospital

**Date:** 18 March 2013 to 29 March 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:**

Please indicate the student's overall performance during residency			
Above Expectations	<input type="checkbox"/>	Supervisor / Tutor's Name:	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	
Borderline	<input type="checkbox"/>		
Below Expectations (You <b>MUST</b> give comments)	<input type="checkbox"/>		

**Student Name:** Miss Laura Wilkinson  
**Attachment:** Paediatrics Residency  
**Hospital:** Ealing Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 508426



**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:**

Please indicate the student's overall performance during residency			
Above Expectations	<input type="checkbox"/>	Supervisor / Tutor's Name:	Student Signature   Date:
Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	
Borderline	<input type="checkbox"/>		
Below Expectations (You <b>MUST</b> give comments)	<input type="checkbox"/>		



**Student Name:** Mr. Alexander Ci Yao  
**Attachment:** Paediatrics Residency  
**Hospital:** Northwick Park Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 554761



**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:**

Please indicate the student's overall performance during residency				
Above Expectations	<input type="checkbox"/>	Supervisor / Tutor's Name:	Student Signature    Date:	
Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____		
Borderline	<input type="checkbox"/>			
Below Expectations (You <b>MUST</b> give comments)	<input type="checkbox"/>			