Please submit this form, along with all other forms completed by panel members, and student’s CCE materials, to the Office of Clinical Training within 7 days of the re-examination.

Student: _____________________________ Date: _____________________________

**SIGNATURE OF EACH PANEL MEMBER:**

Chair: ______________________________ (Signature)

Member: ____________________________ (Signature)

**GLOBAL EVALUATION OF PERFORMANCE:**

- Fail*
- Conditional Pass**
- Pass

* requires re-examination and completion of Re-examination Form.

** requires revision/addition and completion of Conditional Pass Form.

**LEVEL OF PERFORMANCE:**

This student is prepared to complete his/her final year of clinical practicum with:

1. Close Supervision
2. Some Remedial Supervision
3. Routine Supervision

**COMMENTS** (to be passed on to this student’s next practicum site supervisor):

**Please clearly describe all strengths:** (Use additional space on reverse side if needed.)

**Please clearly note all areas requiring special work over the next year:** (Use reverse if needed.)