Thank you for completing this Review with your tutee. Tutors will be asked to sign off	f with your name and email address at the e	end of the form.
itudent Name		
* Mondatory		
utor Name		
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cademy lease select your current Academy:		
Select option		
Mondatory		
elerkship Progress		
o successfully complete the clerkship, each student should review the following with	h their Academy Tutor and/or Academy Lea	d.
lease also take the opportunity to review progress made in completing in wor		his clerkship so far. Requirements for
orkplace-based assessments can be reviewed in the Year 4 Student Progression Re	equirements document.	
	No	Yes
Has the student completed at least 50% of their clerkship Clinical Tasks?	0	0
Are you satisfied with the student's level of professionalism?	0	0
Has the student evidenced within the Clinical Learning Journal satisfactory attendance and engagement in the clinical environment? (minimum 80% overall)?	0	0
attendance and engagement in the clinical environment? (minimum 80% overall)?	0	0
attendance and engagement in the clinical environment? (minimum 80% overall)? * Mandatory	0	0
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These domains should be correct there may be late changes as needed by the programme.