nank you for completing this Review with your tutee. Tutors will be asked to sign	off with your name and email address at the	e end of the form.
tudent Name		
· Mandatory		
utor Name		
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utor GMC Number		
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cademy		
lease select your current Academy:		
Select option		
Mandatory		
o successfully complete the clerkship, each student should review the following w	vith their Academy Tutor and/or Academy Le	ead.
equirements for workplace-based assessments can be reviewed in the Year 4 Stu	ident Progression Requirements document.	
	No	Yes
Are all clerkship Clinical Tasks complete and signed off? If no, please provide details of outstanding tasks when prompted.	0	0
Has the student completed the required number of workplace-based assessments?	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%	0	0
overall)? Mandatory		
overall)?	sultation, clinical and professional skills (CaP	S) and Team Assessment of Behaviour (TA
overall)? Mandatory linical and Professional Progress lease discuss with your student their confidence and progress in developing considerate and progress in developing con	pt an 'Unsatisfactory Progress' recomme	ndation. You will be asked to expand on
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These domains should be correct there may be late changes as needed by the programme.