**Assessment - clinical practice**

The assessment form must be filled out by the supervisor and delivered to the student at the end of practice.

|  |  |
| --- | --- |
| Information | |
| Students name | Name of studyprogram  Year of study |
| Date the first day in practice | The last day in practice |
| Name of the Institution | Place of practice |
| Name of contact teacher | Name of supervisor |

**Must be filled out by the student:**

|  |  |
| --- | --- |
| Days absence |  |

Date and signature student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Must be filled out by the tutor/mentor:**

|  |  |  |
| --- | --- | --- |
| The practical period is recommended : | Passed | Failed |

Date and signature supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_