



To be completed by the academic/clinical supervisor

STUDENT NAME			
STUDENT ID		DATE	
COURSE	Medicine <input type="checkbox"/>	Medical Imaging <input type="checkbox"/>	Optometry <input type="checkbox"/>
YEAR LEVEL	Year 1 <input type="checkbox"/>	Year 2 <input type="checkbox"/>	Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/>
LOCATION			

PERFORMANCE	Clearly below the expected level	At expected level	Unable to assess
How would you rate overall performance in this attachment?	Supervisor <input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROFESSIONALISM	I have no concerns about this student	I have some concern about this student	I have strong concerns about this student
Professional behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health or Personal Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic probity/honesty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inappropriate behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contravention of significant aspects of ethical codes or policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issues external to the course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Recommend follow-up for this student**
- No Problem with this student**
- Has this issue been raised with the student?**



Professionalism Competency

Form B

Please indicate other staff members who have provided feedback on the student’s performance (e.g. VMO/Staff specialist, allied health, nursing staff, registrars/RMO, Optometrist, Radiographer etc).

Staff Category	Additional comments

Supervisors name		Contact number							
Signature		Date			-			-	20
Please provide information of concerns and whether this has been raised with the student									

Note: Concerns regarding students’ academic performance must be raised with the relevant academic/clinical supervisor.