

OVERAL GRADING LIST OF THE CLINICAL INTERNSHIP
(Grading Form)

Student Name	Student Number
Clinical Internship Site	Setting Clinical Internship Site
Name Clinical Instructor	Name Clinical Supervisor
Clinical Internship Period: Start: End:	
Number Omission Days	Observations:
Overall Grade 1 2 3 4 5 6 7 8 9 10	
Agreed and Seen by the Clinical Instructor Signature	Agreed and Seen by the Student Signature
Place	Date
Description of personal strong and weak points of the student: <i>(by the clinical instructor)</i>	
Other Remarks:	