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Name

Assessment form – Clinical Rotation

Exchange student from Karolinska Institutet (KI)

This form is to be filled in by the host university where a student from KI is carrying out clinical rotations. Upon return to KI the student will present this paper to his/her study director who will decide on recognition of the exchange studies.

Date of Birth

Host University		Study Period (from-to)	
Department		Clinical Rotation/Subject	
Name of teacher res	oonsible for the assessment	E-mail (teacher)	
Please comment with a few words below			Pass/Fail
Attendance and Pun	•		
Participation and initiative:			
Progress in knowledge and understanding:			
Progress in skills and	abilities:		
Overall judgement:			
Further comments:			
Comprehensive grade according to the ECTS grading scale. Please mark the correct grade: A B C D E FX F			
Place and date Signature, teacher/supervisor responsible for the assessment			••••
	ECTS Grading Scale Grade Definition		

Excellent – outstanding performance with only minor errors Very Good – above the average standard but with some errors

Satisfactory – fair but with significant shortcomings

Sufficient – performance meets the minimum criteria

Fail – some more work required before the credit can be awarded Fail – considerable further work is required

Good – generally sound work with a number of notable errors