

Objective Long Case Feedback Form

Assessor Name and signature _____ Date : __/__/____

Assessor Grade _____ Hospital _____

Student Name and signature _____ Reg. No: _____

Student comments on student performance

Assessor comments on student performance

Agreed Actions

Examination Duration: _____ mins Feedback Duration: _____ mins

Assessor satisfaction with the objective long case as a formative assessment (low to high). 1 2 3 4 5 6 7 8 9

Assessor comments:

Student satisfaction with the objective long case as a formative assessment (low to high) 1 2 3 4 5 6 7 8 9

Student comments:

Information for students:

Please hand in the completed form to local Sub Dean's Office, or to the Medical School Reception, Wolfson Medical School, attention: Year Secretary.
We also recommend you keep a copy for personal use.