

### Mid-year review of progress

Please tick which box describes your role:

- Educational supervisor only  
 Clinical supervisor only  
 Joint educational and clinical supervisor

The mid-year review of progress is not mandatory but strongly recommended

<b>Name of foundation doctor:</b>		<b>GMC number:</b>	
<b>Training period From:</b>		<i>To:</i>	
<b>Local education provider:</b>		<b>Specialty:</b>	

1. What evidence is there that the foundation doctor is making satisfactory progress in line with the requirements of the Foundation Programme?

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2. What areas still need to be addressed?

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3. Have any assessments, supervised learning events, feedback from the placement supervision group or aspects of performance highlighted any concerns which should be addressed?

Yes  No

If yes, please provide comments/recommendations:

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**Signed by Foundation doctor**

**Signed by educational supervisor**

Signature:	Signature:
Name (print):	Name (print):
Date:	Date: