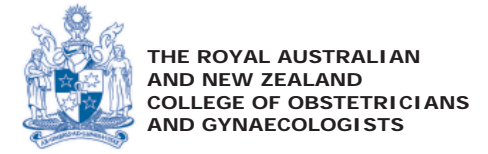


OTS MID SEMESTER FORMATIVE ASSESSMENT REPORT – CONFIDENTIAL



This form should be used for assessing OTS Trainees.
Assessment is to be made at the equivalent of Year 5 ITP or above.

Name of Trainee _____

Hospital _____ State: _____

Date of commencement of OTS Training ____/____/____

Name of OTS Supervisor _____

Report from the three months from: From: ____/____/____ To: ____/____/____

Leave taken during reporting period: _____

IMPORTANT

- Mid-semester formative assessments of the OTS trainee's knowledge, skills and attitudes are COMPULSORY.
- The Training Supervisor MUST discuss the assessment with the trainee. They are strongly encouraged to use the Competency Maps in the OTS Training Portfolio as the basis for their discussion.
- Both parties must sign the form.
- OTS Training Supervisors and OTS trainees should retain copies of the assessment for their records.
- The trainee is responsible for submitting the mid-semester formative assessment form to the OTS Coordinator at College House (see instructions on reverse).

OTS TRAINING SUPERVISOR'S ASSESSMENT OF TRAINEE'S PROGRESS & PERFORMANCE

Assessment must be based on discussions with key consultants who have worked with the trainee.

OTS TRAINEE'S STRENGTHS:

AREAS FOR IMPROVEMENT:

OTS TRAINEE'S ASSESSMENT OF PROGRESS AND PERFORMANCE (TO BE COMPLETED BY THE OTS TRAINEE)

SUMMARY OF PLAN FOR REMEDIAL ACTION:

(eg monthly meetings with trainee, closer supervision in specific areas etc)

OTS Training
Supervisor Signature: _____ Date: ____/____/____

OTS Trainee Signature: _____ Date: ____/____/____

Regional TA
Chair Signature: _____ Date: ____/____/____

OTS Committee
Chair Signature: _____ Date: ____/____/____

THIS REPORT HAS BEEN ASSESSED AS:

SATISFACTORY WARNING

TRAINING SUPERVISOR: I have warned the trainee that improvement will be expected over the next three months in the areas specified above or an unsatisfactory six-month report may result.
Initials: _____ Date: _____

TRAINEE: I have had the implications of this warning explained to me and I understand them.
Initials: _____ Date: _____

OTS MID-SEMESTER FORMATIVE ASSESSMENT REPORT INSTRUCTIONS



TRAINING SUPERVISOR INSTRUCTIONS:

OTS TRAINING SUPERVISOR MUST ENSURE THAT:

- Mid-Semester Formative Assessment forms are completed for each trainee at 3 and 9 months of the training year.
- Name of Trainee; Hospital; State and Reporting period sections are complete.
- Name of OTS Training Supervisor section is complete and legible.
- OTS Trainee's Assessment of Progress and Performance and Training Supervisor's Assessment of Trainee's Progress and Performance sections are complete.
- Summary of Plan for Remedial Action section is complete, if required.
- Satisfactory or Warning box has been checked.
- If a warning has been given, OTS Training Supervisor and OTS Trainee have initialled and dated the form.
- OTS Training Supervisor has signed and dated the form.
- Report has been discussed with trainee. Trainee has signed and dated the form.

OTS TRAINEE INSTRUCTIONS:

OTS TRAINEE MUST ENSURE THAT:

- The signed report is submitted to the OTS Coordinator at College House who will submit it to the relevant Regional TA Chair and OTS Committee Chair for review and signing.
The original of the signed assessment form is processed and kept in the trainee's file. A copy is sent to the trainee.

FOR ANY QUERIES RELATING TO TRAINING PLEASE CONTACT:

OTS Coordinator

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