

**Student Academic Progress**

**CoAEMSP Program Number:**       **Date:**

**Program Sponsor:**       **Length in Program:**     months

**Level:**  **Term Number:**

**Student:**

|  |  |
| --- | --- |
| Category |  |
| **Mid-term Average** |       |
| Areas of Strength |       |
| Weakest Areas |       |
| **Skills Completion** |       |
| % of Skills Completed |       |
| Any Remaining Skills |       |
| Performance in Scenarios |       |
| **Affective Performance** |       |
|  | N/A |       |
| **Clinical Progress** |       |       |
| % of Clinicals Completed |       |       |
| Clinicals to Complete |       |       |
| **Capstone Field Internship Progress** |       |       |
| % of Capstone Field Internship Completed |       |       |
| Progress on Competencies and Contacts Completed |       |       |

**Student Strengths:**

**Areas to Improve:**

**Student Comments:**

**Program Director Signature: Date**:

**Other Signature: Date**: