**Student Academic Progress**

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

**Paramedic Sponsor/ Length in Program:**       **(**months**)**

**Program Name**:

**Student**:       **Term Number**:

|  |  |
| --- | --- |
| **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 |  |  |

 [NOTE: All response boxes on this form will automatically expand as text is entered. Additional rows can be added to this table by placing the cursor in the bottom, right hand box and pressing “tab”.]

**Student Strengths:**

**Areas to Improve:**

**Student Comments:**

 **Evaluator Signature: Date:**

 **Student Signature: Date:**