

PROGRESS ASSESSMENT SHEET

Name: _____ Date: _____ Week ____ of Progress

PROGRESS POINTS	Item	Goal/Expectation	Self-Assessment	Mentor Assessment	Review Points
CONSULTS	Efficiency/Speed				
	% Independent				
	Feedback				
	Confidence ___/10				
SURGERIES	Confidence (routine) ___/10				
	Confidence (non-routine) ___/10				
	Independence %				
	Speed				
PROCEDURES	Comfort/Confidence				
	Independence %				
CLIENT COMMUNICATION	Comfort/Confidence				
	Difficult Clients				
	Displaying Value				
CHARGE CAPTURE	Charging for Treatments				
	Communicating Animal Needs Effectively				
MEDICAL PROFICIENCY	Surgeries				
	Medical Cases				
	Record Writing				
	Procedures				
MENTAL HEALTH	Are You OK?				



ADVOCATE FOR YOURSELF, YOU ARE THE ONLY ONE THAT WILL