

DO NOT WRITE IN THIS SHADED AREA

**Royal College of Paediatrics
and Child Health
MRCPCH Clinical Examination**

Developmental Station

Date:	Time:	Age of child:
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Occasion used (1st, 2nd etc.):

CANDIDATE NUMBER		
<input type="text"/>	<input type="text"/>	<input type="text"/>
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

CANDIDATE NAME

Please enter candidate number in the grid to the left and print name below

EXAMINER NUMBER		
<input type="text"/>	<input type="text"/>	<input type="text"/>
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

EXAMINER NAME

Please enter examiner number in the grid to the right and print name below

Do not write in this shaded area

Degree of co-operation of child

Compliant

Hesitant

Unwilling

FOR FEEDBACK PURPOSES MARK THE PERFORMANCE IN EACH SECTION: Station 1

Case Reference

Special Circumstances

Conduct of Examination Please mark here →

Rapport, putting child at ease
Appropriate confidence and pace
Communication with the child

Clear Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Bare Fail <input type="checkbox"/>	Clear Fail <input type="checkbox"/>	Un-acceptable <input type="checkbox"/>
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Developmental Assessment Please mark here →

Examination focussed on problem
Fluent systematic assessment
Use of equipment
Appropriate use of history (if applicable)

Clear Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Bare Fail <input type="checkbox"/>	Clear Fail <input type="checkbox"/>	Un-acceptable <input type="checkbox"/>
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Discussion with Examiner Please mark here →

Summary of problems
Implications for child and family
Appropriate confidence in findings
Management planning

Clear Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Bare Fail <input type="checkbox"/>	Clear Fail <input type="checkbox"/>	Un-acceptable <input type="checkbox"/>
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Please record your overall judgement of the candidate's performance

MARK FINAL GRADE HERE

Clear Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Bare Fail <input type="checkbox"/>	Clear Fail <input type="checkbox"/>	Un-acceptable <input type="checkbox"/>
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In order that proper feedback is available for the candidate please print your comments on their overall performance on the reverse of this document.

Disorganised and unsystematic approach (please add additional comments)

Inappropriate use of tools/assessment aids (please add additional comments)

Poor time management (please add additional comments)

Inaccurate assessment/conclusion (please add additional comments)

Please add any additional comments here: