

**NURSING COUNCIL OF KENYA**

**ASSESSMENT SUMMARY SHEET**

**NAME OF PRACTICAL ASSESSMENT:**

CANDIDATE'S NAMES .....

INDEX NO..... MONTH OF ENTRY TO TRAINING .....

HOSPITAL/SCHOOL .....

PERIOD IN TRAINING .....

Total points scored by Assessor No. 1 \_\_\_\_\_

Total points scored by Assessor No. 2 \_\_\_\_\_

Total score \_\_\_\_\_

Average score \_\_\_\_\_

Percentage \_\_\_\_\_

PASS MARK 80%

Result: Pass/Fail

**EXAMINER'S NAMES AND QUALIFICATIONS**

a) Name.....

Qualifications .....

Date ..... Signature .....

b) Name.....

Qualification .....

Date ..... Signature .....

**STUDENT:**

Examiners have discussed the assessment results with me

Name of Student .....

Date ..... Signature .....