fountainhead	IBDP CAS - SUPERVISOR REVIEW FORM
school	

Student Name: Malishka saraf
Name of the activity: Internship
Duration of the activity: 6 months
Start date:1 july 2022 End date: _10 december 2022
Place where activity was conducted: Nimaya Hospital
Was risk assessment done before the start of the activity? Yes No
If "Yes" how was it changed or handled? There was risk in the operation theatre, so she wore,
proper clothes and gloves and a hair net and a supervisor was present
Supervisor Name: Pooja Nadhkarni Singh
Contact number: <u>NA</u> Supervisor's email id: <u>NA</u>
Number of hours spent by student: <u>4 Hrsevery</u> hours
Attendance : 100% %
Effort :
Supervisor's comments:
She was very interested to learn everything, and payed full attention
Activity status : Completed [ ] Not completed [ ] Supervisor signature: <u>Pooja Nadhkarni</u>
Student signature: Date: