Elective Logbook & Portfolio

Name: _____

Roll Number: _____

Parent College: _____

Host Institution: _____

Elective Type: Clinical ☐ Non-Clinical ☐ Hybrid ☐

Elective Duration: From _____to_____

Section A: Weekly Activity Record

Week: 01

Sr.no	Dates	Activities Undertaken	Skills Observed/Practiced	Supervisor's Feedback	Signature
1					
2					
3					
4					
5					
6					
7					

Section B: Daily Reflection Notes

(Students to write short reflective notes each day focusing on what they learned, challenges faced, and how the experience contributes to their professional growth.)

Section A: Weekly Activity Record

Week: 02

Sr.no	Dates	Activities Undertaken	Skills Observed/Practiced	Supervisor's Feedback	Signature
1					
2					
3					
4					
5					
6					
7					

Section B: Daily Reflection Notes

(Students to write short reflective notes each day focusing on what they learned, challenges faced, and how the experience contributes to their professional growth.)

Student Comments:

Section D: Final Supervisor Evaluation

- Attendance: Satisfactory ☐ / Unsatisfactory ☐
- Professionalism: Satisfactory ☐ / Unsatisfactory ☐
- Engagement & Participation: Satisfactory ☐ / Unsatisfactory ☐
- Overall Performance: Satisfactory ☐ / Unsatisfactory ☐

Supervisor Name & Signature: _____Date: _____

Section E: Student Final Reflection

In 2000 words, reflect on your elective experience covering:

- Key learning outcomes achieved.
- Skills and insights gained.
- Challenges and how they were addressed.
- How this elective influences your future career pathway.

Student Signature: _____Date: _____

Section F: Completion Certificate

This is to certify that **Mr./Ms.** _____successfully completed a **2-week elective rotation** at _____from _____**to**_____

Supervisor Name: _____Signature: _____Date: _____

Seal/Stamp of Host Institution