|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Marks |  |  |  |
| Case history | **0.5** |  |  |  |
| VA | **0.5** |  |  |  |
| Refraction | **0.5** |  |  |  |
| subjective | **0.5** |  |  |  |
| k- reading | **0.5** |  |  |  |
| Ocular measurement   * HVID * Pupil diameter | **0.25**  **0.25** |  |  |  |
| Power calculation | **0.5** |  |  |  |
| B.C calculation | **0.5** |  |  |  |
| Dia calculation | **0.5** |  |  |  |
| Lid , lashes , conjunctiva , cornea assessment s | **0.5** |  |  |  |
| Tear test ( the student must do one of ( TBUT , Schiermer , meniscus ) | **0.5** |  |  |  |
| Insertion   * cut nail & clean hand * correct technique * instruction | **0.25**  **0.25**  **0.25**  **0.25** |  |  |  |
| Slit-lamp examinations   * Centration * Coverage * Movement * Fitting type * comfortable | **0.25**  **0.25**  **0.25**  **0.25**  **0.5** |  |  |  |
| Over Refraction | **0.5** |  |  |  |
| Removal   * clean hand * correct technique * instruction | **0.25**  **0.25**  **0.25** |  |  |  |
| Instruction + lens care system + advices | **0.75** |  |  |  |
|  |  |  |  |  |
| Evaluation of the Report :   * writing file * writing prescription | **5**  **5** |  |  |  |
| Total | **20** |  |  |  |
| Total of 10 | **10** |  |  |  |

**Weekly evaluation for 3 students**

**Date : Supervisor:**