|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 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:**