



# FINAL CLINICAL EVALUATION FORM

## STUDENT'S INFORMATION

TO BE COMPLETED BY THE STUDENT BEFORE SENDING TO EVALUATING PRECEPTOR

1 Student's Full Name:

*Last/Family Name/Surname*

*First/Given/Personal*

*Middle*

2 Student ID Number:

*As appears on ID card*

Current Enrollment:

*Program - Semester*

## ROTATION DATA

TO BE COMPLETED BY THE SUPERVISING PRECEPTOR OR AN AUTHORIZED REPRESENTATIVE

3 Rotation Name:

Core

☐

Elective

☐

4 Preceptor's Full Name:

*Last and First Name*

Position

5 Site:

6 Address:

*Number and street or rural route*

Phone Number ( )

*Area Code*

*Phone Number*

*City or Town*

*State/Province*

*Zip/Postal Code*

*Country*

7 Rotation Dates:

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*Start Date (mm/dd/yy)*

*End Date (mm/dd/yy)*

Weeks Completed:

8 Has the student completed any other rotations with the preceptor?

Yes

No

## 9 Evaluation Chart

On the chart below, please grade the student's performance during the clinical rotation based on each category. Students may be stronger in some areas than others. Using the 1-9 scale, grade the student on each of the following attributes. For a more detailed explanation, please see the grading guide supplement.

|  | Unsatisfactory<br>Unacceptable<br>performance | Marginal<br>Acceptable but<br>needs improvement | Proficient<br>Consistently performs<br>well | Advanced<br>Especially proficient<br>sometimes outstanding | Outstanding<br>Consistently<br>outstanding |
|--|---|---|---|--|--|
| <i>please darken bubble</i>            |   |   |   |  |  |
| Medical Knowledge                      | ①   | ② ③   | ④ ⑤   | ⑥ ⑦  | ⑧ ⑨  |
| Patient Care                           | ①   | ② ③   | ④ ⑤   | ⑥ ⑦  | ⑧ ⑨  |
| Interpersonal and communication skills | ①   | ② ③   | ④ ⑤   | ⑥ ⑦  | ⑧ ⑨  |
| Professionalism                        | ①   | ② ③   | ④ ⑤   | ⑥ ⑦  | ⑧ ⑨  |
| Patient Care and use of resources      | ①   | ② ③   | ④ ⑤   | ⑥ ⑦  | ⑧ ⑨  |
| System Based Practice                  | ①   | ② ③   | ④ ⑤   | ⑥ ⑦  | ⑧ ⑨  |

## ■ SUMMARY EVALUATION

**10** Please provide summary comments that characterize the student's performance. This information will be included in the Medical Student Performance Evaluation (MSPE), formerly known as the Dean's letter.

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## ■ SUGGESTED AREAS FOR IMPROVEMENT

**11** Please provide constructive criticism and/or suggestions for student's benefit only. (NOT for inclusion in the MSPE)

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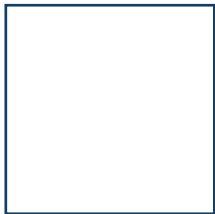
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official seal or stamp



*if available*

Student Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Preceptor's Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_