

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: _____ Current Enrollment: _____
As appears on ID card 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: _____ Position _____
Last and First Name

5 Site: _____

6 Address: _____ Phone Number (____) _____
Number and street or rural route Area Code Phone Number

City or Town State/Province Zip/Postal Code Country

7 Rotation Dates: _____ / _____ / _____ Weeks Completed: _____
Start Date (mm/dd/yy) End Date (mm/dd/yy)

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 Unacceptable performance	Marginal Acceptable but needs improvement	Proficient Consistently performs well	Advanced Especially proficient sometimes outstanding	Outstanding Consistently 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

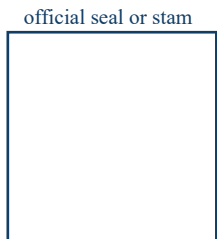
10 Please provide summary comments that characterize the student's performance. This information will be included in the Medical Student Performance Evaluation (MSPE), formerly known as the Dean's letter.

☐ SUGGESTED AREAS FOR IMPROVEMENT

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

Student Signature _____

Date ___ / ___ / ___



Preceptor's Signature _____

Date ___ / ___ / ___