

ELECTIVE EVALUATION FORM

Student's Name

Elective Name: _____

Elective Number: _____

Elective Period & Dates: _____

Supervisor: _____

Address and contact info: _____

For home office use only: Elective Credit _____

Insert the numbers 0 – 4 from the scale below or NA to characterize this student's performance in each area

0: Unacceptable

1: Marginal Performance (needs improvement)

2: Typical Performance (average)

3: Superior Performance (Top 20%)

4: Honors (Top 5%)

N/A: Not Applicable

___ Depth & integration of pertinent clinical and basic science knowledge	___ Maintains complete and orderly records	___ Punctual, attended all conferences
___ Outlines rational plan for investigation	___ Demonstrates enthusiasm	___ Contributing member of team
___ Demonstrates reasonable depth of knowledge	___ Demonstrates realistic appreciation of his/her own competence and limitations	___ Works well with and shows respect for members of the health care team
___ Obtains confidence and cooperation of patients	___ Demonstrates honesty in admitting errors	___ Well organized, analytic
___ Establishes priorities and institutes an appropriate plan of treatment	___ Accepts direction or criticism comfortably	___ Reliable and responsible
___ Recognizes an emergency situation and manages it appropriately	___ Takes initiative/works independently	___ Completes tasks

Supporting comments:

Circle one: Attending Fellow Chief Resident

_____ Evaluator's Name (Please Print)	_____ Evaluator's Signature
_____ Date Signed or date of Exit Interview	_____ Student's Signature - if exit interview is completed

PLEASE RETURN TO:

Office of Registrar/ Dean's Office