

STUDENT EVALUATION

(to be completed by evaluator)

Please give narrative evaluation of the student whose picture is shown in the upper left-hand corner or whose name is indicated at the bottom of this form. You may give a rating of 1 to 5 (where 1 is outstanding and 5 is unsatisfactory) for each category. Space is provided for additional comments and final assessment, should you wish to make one. You are expected to discuss the evaluation with the student whenever possible. Please return this form by Friday of the week it has been received.

Rating

_____ **Medical Knowledge & Academic Ability** (e.g., fund of knowledge, reading of pediatric literature, judgement, etc.)

_____ **Clinical Skills** (e.g., eliciting a history, performing a physical examination, organizing patient care, etc.)

_____ **Interpersonal Relationships** (e.g., responsibility, enthusiasm, industry, ability to work with others, etc.)

General Comments

Name of Student _____

Describe how often and how long you worked with student.

Name of Evaluator _____

Period of Evaluation _____

I did _____

I did not _____

discuss the above with the student.