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 ______________________________

Name of Evaluator ______________________________

Period of Evaluation ____________________________

Describe how often and how long you worked with student.

I did _______ I did not _______ discuss the above with the student.