

**EVALUATION OF STUDENTS IN CLERKSHIPS AND ELECTIVES**  
**University of Tennessee Health Science Center**  
**College of Medicine**  
**Office of Medical Education**  
**910 Madison Avenue, Suite 1002, Memphis, TN 38163**

Name:

Level:

Course:

Course No:

Date:

It is inappropriate for me to evaluate this student.  
 (I.e. familial, personal, or physician-patient relationship)

Check and comment on the rating you give this student for each category below:

	Superior	Good	Acceptable	Marginal	Failing	No Opinion	Comments (please comment on each student):
Fund of Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interest in Learning and Intellectual Aggressiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
History Taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Technical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to Organize Data and Formulate Hypotheses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to Relate to Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thoroughness, Consistency, and Reliability with Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Additional Comments: \_\_\_\_\_

**GRADING SUMMARY (0-100%):**

Written Examination:

Oral Examination:

Clinical Performance:

**OVERALL COURSE GRADE (Circle One):**

A    B    C

Name of Evaluator (Please print)

Please check:  
 Attending [ ] Resident [ ]

Signature of Evaluator

*Please return to appropriate Clerkship Director. Thank you!*