

Elective Evaluation

It is appropriate for me to evaluate this student (i.e. no familial, personal, doctor-patient relationship). Yes No

Course Title:	Block:	Today's Date:
Evaluator's Name	Signature	Attending Resident
Student's Name	Student's ID #	

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

Complete Evaluation for Rubric "Elective Rubric"

	Superior	Good	Acceptable	Marginal	Failing	No Opinion	Comments
Fund of Information							
Interest in Learning and Intellectual Aggressiveness							
History Taking							
Physical Examination							
Technical Skills							
Ability to Organize Data and Formulate Hypotheses							
Ability to Relate to Patients							
Thoroughness, Consistency, and Reliability with Responsibilities							

General Comments

Overall Course Grade:

A

B

C

P

F

I

I have given the student verbal feedback consistent with this evaluation.

Yes

No
