Leave the following blank if you are the evaluator.

I am submitting this evaluation on behalf of:

[   ]

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

Yes   No

I am a(n):

Attending   Resident

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	O	O	O	O	O	O	
Interest in Learning and Intellectual Aggressiveness	O	O	O	O	O	O	
History Taking	O	O	O	O	O	O	
Physical Examination	O	O	O	O	O	O	
Technical Skills	O	O	O	O	O	O	
Ability to Organize Data and Formulate Hypotheses	O	O	O	O	O	O	
Ability to Relate to Patients	O	O	O	O	O	O	
Thoroughness, Consistency, and Reliability with Responsibilities	O	O	O	O	O	O	

General Comments

Overall Course Grade

A   B   C   F   I

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

Yes   No