CLINICAL STUDENT EVALUATION FORM **Date:** _____

TULANE UNIVERSITY SCHOOL OF MEDICINE

EVALUATION OF:_____

SCHOOL:_____

DEPARTMENT /COURSE NAME:_____

COURSE TYPE: (circle one) Core Rotation or Clinical Elective

COURSE DATES:_____ to_____

Uses of this evaluation: When reported from your department, this evaluation becomes a part of this student's permanent record in the Dean's Office. It will be used (1) by the Student Affairs Committee and by the Medical School Administration wherever it bears on problems or awards concerning this student, and (2) as a significant part of any letter of recommendation (for externship, internship, residency, etc.) for this student coming from the Dean's Office.

FACULTY COMMENTS: (Please summarize this student's chief characteristics.)

Numerical Grade_____

Chose One:

94-100	Honors
86-93	High Pass
70-85	Pass
Exam Failure	Condition
Below 70	Fail

Return to: Kim Melerine
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kmeleri@tulane.edu

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Printed Name of Evaluator **Signature of Evaluator**

	Inadequate Basis for Judging	Superior (5)	Above Average (4)	Average (3)	Below Average (2)	Unsatisfactory (1)
Basic and Technical skills (Physical exam, laboratory, bedside, etc,)						
Fund of knowledge						
Clinical Reasoning ability						
Relationships with others (faculty, students, patients)						
Presentation: Oral and written						
General appearance, poise and manners						
Maturity (Emotional stability, adaptability, self-confidence)						
Professionalism, reliability, responsibility						
Interest, enthusiasm, and intellectual curiosity						
GENERAL RECOMMENDATION FOR THE PROFESSION						