

STUDENT PROJECT EVALUATION FORM

Date: Block:

Student name:

Project topic:

Grader:

Grade

Time clearly went over (-½ pt)

Start / Finish

Basic Criteria

1. Relevance to family practice	5	4	3	2	1
2. Relevance to population (<i>preceptor community, state, nation, or HP2020 goals</i>)	5	4	3	2	1
3. Problem addressed (<i>clearly stated and appropriately focused</i>)	5	4	3	2	1
4. Method to gather info (<i>clearly stated for literature search and patients discussions</i>)	5	4	3	2	1
5. Findings	5	4	3	2	1
6. Interpretation and conclusions	5	4	3	2	1
7. Limitations	5	4	3	2	1
8. Student developed a useful product	5	4	3	2	1
9. Application to practice or community and use in future practice	5	4	3	2	1
10. Presentation was effective (<i>audiovisuals, style, and clarity</i>)	5	4	3	2	1
11. Listening to patients/population	5	4	3	2	1
12. Patient orientation	5	4	3	2	1
13. Cited relevant literature	5	4	3	2	1
14. Displays understanding or comments on level or quality of evidence	5	4	3	2	1
15. HP2020 objective?	Yes		No		
16. PCMH principle?	Yes		No		

If yes, (*mark all that apply*)

- | | | |
|---|---|---|
| <input type="checkbox"/> Physician-directed medical practice team | <input type="checkbox"/> Whole-person orientation | <input type="checkbox"/> Personal physician |
| <input type="checkbox"/> Care is coordinated and/or integrated | <input type="checkbox"/> Enhanced access to care | <input type="checkbox"/> Quality and safety |
| <input type="checkbox"/> Payment to support the PCMH | | |

Consider for presentation in another venue

Model project? Yes

Other? Yes

Suggestion

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Comments on oral presentation

Your presentation/project could have been improved by: