

**ELECTIVE CLERKSHIP PROGRAM STUDENT EVALUATION FORM**

Student Name-Surname			
Clerkship Name			
Rotation Date	From:		To:
University/ Department			

	EVALUATION LEVEL			
	BELOW EXPECTED	EXPECTED	BEYOND EXPECTED	NOT OBSERVED
Medical Knowledge				
Patient Care				
Clinical Skills				
Interpersonal and Communication Skills				
Professional attitudes and responsibilities				
Work Ethic				
Teamwork Ability				
Additional comments:				

Assessment

Overall score (over 100)

Numerical .....

Written .....

Title, Name - Surname:

Position:

Signature:

Date: .... / ... / .....