



Marshall University School of Medicine  
Office of Academic Affairs

Year IV Formative (Mid-Point)  
STUDENT EVALUATION FORM

Student Name \_\_\_\_\_ Course \_\_\_\_\_

Dates \_\_\_\_\_ Faculty Name \_\_\_\_\_

Days Missed: \_\_\_\_\_ Reason(s): \_\_\_\_\_

**A. Strengths of Student:**

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**B. Opportunities for Growth/Improvement:**

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**C. Course/Institutional Learning Objectives Discussed with Student. Recommendations for Meeting Learning Objectives Discussed Below (*Evidence of Objectives being met may also be attached*):**

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**D. STUDENT RESPONSE**

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Reviewed With Student by Faculty Member: Yes No DATE: \_\_\_\_\_

Student On Track to Pass Rotation Yes No *If no, please note reasons above/document discussion with student*

Student Signature \_\_\_\_\_ Faculty Signature \_\_\_\_\_

Copy to AA \_\_\_\_\_