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:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

B. Opportunities for Growth/Improvement:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

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

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

D. STUDENT RESPONSE

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

 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___________________________

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