

**Marshall University School of Medicine  
Office of Academic Affairs**

**Year III Formative (Mid-Point)  
STUDENT EVALUATION FORM**

Student Name \_\_\_\_\_ Clerkship \_\_\_\_\_ Rot # 1 2 3 4 5 6 / Dates \_\_\_\_\_  
Faculty Name \_\_\_\_\_

**A. Institutional Objectives:**

Objective	UA	Does not meet expectations 1	Meets Expectations-with Concern 2	Meets Expectations 3	Exceeds Expectations 4
Patient Care					
Medical Knowledge					
Practice Based Learning/Improvement					
Interpersonal and Communication Skills					
Professionalism					
Systems Based Practice					

**B. Strengths of Student:**


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


**D. Patient Encounter and Procedure Logs reviewed with Student.**

Patient Encounter Log on Track:  Yes  No Procedure Log on Track:  Yes  No


**E. 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 \_\_\_\_\_

Draft: 5-10