



Student Last Name _____

Student First Name _____

Elective Title _____

Date of Elective _____

Name of University/Facility _____

Name of Evaluator (please print) _____

Signature _____

Date _____

Evaluation of Performance

Professional Qualities	Poor	Acceptable	Good	Outstanding	Not Evaluated	Comments
Medical Knowledge						
Application of Medical Knowledge						

Personal Qualities	Poor	Acceptable	Good	Outstanding	Not Evaluated	Comments
Concern for Patients						
Industry and Persistence						
Initiative						
Willingness to Accept Criticism						
Judgment						
Personal Habits and Appearance						
Performance Under Pressure						
Ability to Take History and Perform Physical						
Ability to Deal with Ancillary Personnel						
Cognizance of Own Limitations						

Overall Evaluation: **No Pass** **Pass** **Honors**

Additional Comments: _____

Please return to Sara Frampton or Krista Mysoc, 96 Jonathan Lucas St., CSB-601, Charleston, SC 29425

Tel: 843-792-2081

Email: frampto@musc.edu or mystack@musc.edu Fax: 843-792-4262