UPPSALA
UNIVERSITET

CLINICAL PERFORMANCE EVALUATION SHEET (NEUROLOGY)

Student name: .....

Dates of Rotation: .....

Hospital name and address: .....

CLINICAL ABILITIES (circle the category of the rating scale for each item)

1) TAKING HISTORY	Pass	Fail	Unable to rate
2) NEUROLOGICAL EXAMINATION	Pass	Fail	Unable to rate
3) OVERALL PERFORMANCE	Pass	Fail	Unable to rate

Signature evaluator/clinical supervisor: .....

Name and title evaluator/clinical supervisor: .....

Return original to:

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