



Clinical Elective Grade/Evaluation Form

STUDENT INFORMATION		
Name (Last, First, MI):	Life Number:	Program

ELECTIVE INFORMATION			
Elective Code:	Elective/ Course Director:	Start Date:	Completion Date:
Elective Title:			

EVALUATION				
Check off and enter comments (if any)				
	EXCEEDS COURSE EXPECTATIONS	MEETS COURSE EXPECTATIONS	NEEDS REMEDIAL EXPERIENCE	INSUFFICIENT INFORMATION
Knows Facts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands Concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses Resources (<i>Library, Lab, Records</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Skills (<i>physical exam, lab, etc.</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relates and Works well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is Motivated and Takes Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows good Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Of Weeks Completed:	Overall Grade (check one):				
	<input type="checkbox"/> Honors	<input type="checkbox"/> High Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Incomplete

Comments:

This form must be returned to the Office of the Registrar Annenberg 13-30 in order for the student to receive credit. You have the following options to hand in this form:

- The student can turn in the form if you return it to them in a sealed envelope with course director's signature on the flap
- Email completed form (from course director only) to electives@mssm.edu

Instructor Signature:	Date:
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