**Medical Student Observation Form**

**Observation Information**

* **Observer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Observation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinical Skills Evaluation**

| **Skill Observed** | **Rating (1-5)** | **Comments** |
| --- | --- | --- |
| **Procedural Skills** |  |  |
| **Communication Skills** |  |  |
| **Team Interaction** |  |  |

**Professionalism**

* **Attendance: [ ] Excellent [ ] Satisfactory [ ] Needs Improvement**
* **Punctuality: [ ] Excellent [ ] Satisfactory [ ] Needs Improvement**

**Additional Notes
Provide other relevant details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approval Section**

* **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**