

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: _____