

Student Evaluation Form
ICM-III Hospital Session

Student Name _____ Preceptor Name _____

How well did the student:

- | | | | | | | |
|---|------------------|---|---|---|---|-----------------------|
| 1. Obtain relevant historical information? | 1 <i>Poor</i> | 2 | 3 | 4 | 5 | 6 <i>Excellent</i> |
| 2. Obtain relevant physical exam findings? | 1 <i>Poor</i> | 2 | 3 | 4 | 5 | 6 <i>Excellent</i> |
| 3. Demonstrate understanding of physical exam methods at the bedside? | 1 <i>Poor</i> | 2 | 3 | 4 | 5 | 6 <i>Excellent</i> |
| 4. Give an organized oral case presentation? | 1 <i>Poor</i> | 2 | 3 | 4 | 5 | 6 <i>Excellent</i> |
| 5. Demonstrate professionalism attendance, attitude, and patient sensitivity? | 1 <i>Poor</i> | 2 | 3 | 4 | 5 | 6 <i>Excellent</i> |

Would you feel uneasy about having this student work in your clinic? Yes No
(If yes, please comment below)

COMMENTS

(Please comment on any strengths or major concerns)

SIGNATURE

DATE