



**Uniformed Services University of the Health Sciences
Third-year Pediatrics Clerkship
AY 2008-2009**

SITE DIRECTOR MEETING NOTES

Student Name: _____ **Rotation:** _____ **Site:** _____

2ND WEEK DATE: _____

3RD WEEK DATE: _____

4TH WEEK DATE: _____

5TH WEEK DATE: _____

6TH WEEK DATE: _____
