



**Uniformed Services University of the Health Sciences
Third-year Pediatrics Clerkship
AY 2010-11**

SITE DIRECTOR MEETING NOTES

Student Name: _____

Rotation: Site:

2ND WEEK DATE: _____

3RD WEEK DATE: _____

4TH WEEK DATE: _____

5TH WEEK DATE: _____

6TH WEEK DATE: _____
