PHASE III STUDENT EVALUATION

Evaluations are due TWO WEEKS after completion of clerkship. Please return to the Office of Medical Student Affairs.

Student Name: ___________________________ ID#: __________________
Course Name & #: ________________________________ Dates: _________ to _________

Overall Evaluation: Choose one of the following grades to describe the student’s performance: Outstanding, Good, Satisfactory, or Fail. For an incomplete please contact OMSA. Check only one grade.

Grade: For all classes other than CLNS 901 (Research Elective I)

- O 90-100%
- G 80-89%
- S 70-79%
- F Below 70%

For CLNS 901 Research Elective I

- CR Above 70%
- NC Below 70%

Professionalism:
- Minimal <10%
- Inconsistent 10-50%
- Consistent 51-90%
- Always >90%
- Not Observed

Narrative Evaluation for Dean’s Letter: Be as detailed as possible in your narrative. Please attach additional page for extended comments. Narrative should be a summary of all faculty evaluators. Only one evaluation should be turned in per student.

Amount of Contact:
- Minimal
- Moderate
- Extensive

Recommended Remedial work/suggestions for improvement:

Evaluator Signature: This evaluation must be signed by the evaluator for OMSA to accept it.
Faculty Attending Name: ____________________________________________
Faculty Attending Signature: ___________________________ Date: __________

Please send to hsc-omsa@salud.unm.edu – Students are not permitted to turn in evaluations.