

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

For CLNS 901 Research Elective I

ONLY

CR **NC**
 Above 70% Below 70%

	Minimal <10%	Inconsistent 10-50%	Consistent 51-90%	Always >90%	Not Observed
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reporter:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpreter:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manager:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educator:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.