

## 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](mailto:hsc-omsa@salud.unm.edu) - Students are not permitted to turn in evaluations.