

# Appendix F: Clinical Elective Assessment of Student Performance

CRN#: \_\_\_\_\_  
ID#: \_\_\_\_\_



**St. George's University**  
**SCHOOL OF MEDICINE**  
Groenendaal, West Indies

Office of Clinical Education Operations

## Clinical Elective Assessment of Student Performance

Student's Name: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_

Elective Name: \_\_\_\_\_

Rotation Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of Weeks: \_\_\_\_

Using specific examples, comment on the student's academic performance, professional behavior, rapport with staff and Patients, motivation, attendance and any other aspects of their performance during the rotation:

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Constructive Comments (not for use in MSPE):

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Medical Knowledge		
Clinical Skills		
Professional Behavior		

Final Grade: (circle one)      Pass      Fail

*Affix Official  
Hospital Seal  
Over Signatures  
OR  
Notarize here.*

Evaluator \_\_\_\_\_  
Name and Title (Please Type or Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Director of Medical Education \_\_\_\_\_  
Name and Title (Please Type or Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note that students have the right to view the contents of this evaluation.  
Return this Form to: Office of Clinical Education Operations, Attn: Clinical Evaluations  
University Support Services, LLC, 3500 Sunrise Hwy, Bldg. 100, Great Neck, NY 11039