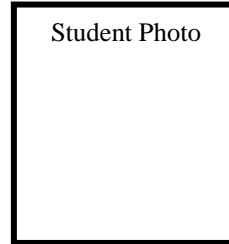




Student: \_\_\_\_\_  
Last Name First Name



The above named student has completed a fourth year rotation at my institution:

Name of Institution: \_\_\_\_\_

Name and Type of Rotation: \_\_\_\_\_

Date(s) of Rotation: \_\_\_\_\_ to \_\_\_\_\_ Number of Credits: \_\_\_\_\_

Please indicate the first and last day the student attended the rotation. \_\_\_\_\_

Were there any absences by the student during this rotation? YES  NO

Days missed: \_\_\_\_\_ Reason(s): \_\_\_\_\_

Please indicate below a grade of *PASS* or *FAIL*; any comments you may have about the student's performance will be greatly appreciated. Thank you!

PASS  FAIL

Do you have any concerns regarding the student's performance, professionalism, or attendance during this rotation? \_\_\_\_\_

ATTENDANCE & PROFESSIONALISM: \_\_\_\_\_

COMMITMENT, DUTY, & OBLIGATION: \_\_\_\_\_

MEDICAL KNOWLEDGE: \_\_\_\_\_

CLINICAL ABILITY: \_\_\_\_\_

ADDITIONAL COMMENTS OR RECOMMENDATIONS: \_\_\_\_\_

I \_\_\_\_\_ am authorized to complete this evaluation.  
(Type or Print Name)

\_\_\_\_\_  
Evaluators Signature

\_\_\_\_\_  
Department

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email address