



Subject Name

Class of ----

Rotation: Location

Evaluation Dates

Evaluated by:

Evaluator Name

Class of ----

Career Planning Elective Evaluation Form

Basic Information

1* Physician/ Group

Clinical Skills and Professionalism

2* Work Habits (Attendance, effort, etc.)

Pass

Fail

3* Interpersonal Relationships (Respect for patients and colleagues; professionalism; compassion; ability to develop rapport)

Pass

Fail

4* Personal Characteristics (Enthusiasm for learning; professional appearance; ethics; response to criticism; emotional stability)

Pass

Fail

Comments and Feedback

5* Comments / Narrative Feedback that will be included in MSPE