Clinical Elective Evaluation: 2026-2027

#1 Leave the following blank if you are the evaluator.
I am submitting this evaluation on behalf of:

#2* It is appropriate for me to evaluate this student (i.e. no familial, personal, doctor-patient relationship).

- ◯ A) Yes
- ◯ B) No

#3* I am a(n):

- ◯ A) Attending
- ◯ B) Resident

#4 **Elective Rubric 2026-2027**
Check and comment on the rating you give this student for each category below:

	Not Meeting Expectations	Meeting Expectations	Exceeding Expectations	Not Observed
History Taking and Physical Examination	◯	◯	◯	◯
Application of Medical Knowledge	◯	◯	◯	◯
Clinical Reasoning	◯	◯	◯	◯
Procedural Skills	◯	◯	◯	◯
Oral and Written Communication Skills	◯	◯	◯	◯
Interpersonal communication with patients and healthcare team	◯	◯	◯	◯
Response to Feedback and Self reflection	◯	◯	◯	◯
Professionalism • Upholds standards, promotes ethical care, demonstrates integrity and respect for patients of diverse backgrounds • Accountable to patients and to the profession	◯	◯	◯	◯

#5* Did you have any specific concerns about professionalism with this student (if yes, please support with comments below)?

- A) Yes
- B) No

#6* Overall Course Grade: Please assign an overall grade objectively, based on observed performance and in alignment with all comments provided below.

- A) Honors
- B) High Pass
- C) Pass
- D) Fail

#7* Overall Narrative Feedback (not automatically included on the MSPE/Dean's letter): Please include at least 4 sentences with specific examples when possible.

#8* I have given the student verbal feedback consistent with this evaluation.

- A) Yes
- B) No