

**RESIDENT EVALUATION OF MEDICAL STUDENT PERFORMANCE ON NIGHTS**

Name of student being evaluated \_\_\_\_\_

Dates of night shifts \_\_\_\_\_

1. Please comment on this student's ability to perform a history and physical and to keep appropriate records on patients. \_\_\_\_\_  
\_\_\_\_\_
2. Is the student well integrated into the team? (participates on rounds, patient follow-up, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
3. Please comment about the student's performance when on call. \_\_\_\_\_  
\_\_\_\_\_
4. Please assess the student's professionalism (being prompt, interacting in a professional manner with the health care team and with families). \_\_\_\_\_  
\_\_\_\_\_
5. Is this student's knowledge base appropriate for level of training? \_\_\_\_\_  
\_\_\_\_\_
6. Other comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of resident completing this evaluation: \_\_\_\_\_

Signature of resident completing this evaluation: \_\_\_\_\_

**\*\*TO BE DONE ON NIGHTS BY RESIDENT AND RETURNED TO STUDENT\*\***

**\*\*STUDENT: Please return to Angie Cooper after completion.\*\***