

Fourth Year Elective Evaluation

UNIVERSITY OF UTAH SCHOOL OF MEDICINE

Student: _____

Department: _____

Course Title and Number: _____

Prepared by: _____

Location: _____

Signature: _____

Beginning Date: _____

Ending Date: _____

Area of Evaluation	Outstanding	Above Average	Average	Below Average	Inadequate	Not Evaluated
1. Clinical performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Fund of knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Histories and physicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Interest-industry & initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Response to instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Behavior & interpersonal relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Oral-written exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Required paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Satisfactory	Inadequate	Not Evaluated
10. Professional demeanor / appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (required):

GRADE: Honors High Pass Pass Fail Incomplete

Please return to: Office of Medical Education
 Room 1C331 Medical Center
 50 North Medical Drive
 Salt Lake City, Utah 84132