

**KECK SCHOOL OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA
EVALUATION FORM FOR SELECTIVES & ELECTIVES**

Return form within six weeks of end of clerkship to: Keck School of Medicine of USC, KAM 100-B, 1975 Zonal Ave, Los Angeles, CA 90033/ Phone (323) 442-2553; (323) 442-2411, FAX (323) 442-2663

Student Name _____ Year Level _____

Course _____

Preceptor _____ Institution _____

Dates _____ to _____ # of weeks _____

Please provide a response to the items in this section for all students

Please check one below:

Credit _____ Non-Credit _____ Incomplete _____ (specify pending work)

Overall Narrative Evaluation of the Student's Clerkship Performance:

Please provide a response to the items in this section if indicated for this student

What strengths did the student display that distinguish him/her from other students?

How could this student have improved her/his performance on this clerkship? What changes could s/he make to be more effective in the future?

Were there problems that did not affect the student's overall evaluation, but that would merit attention if present on other clerkships?

Name and faculty title (please print or type clearly)

Signature of faculty evaluator

Date

*Please note that evaluations are due from the Faculty Evaluator within six (6) weeks of the completion of the course.