

FINAL Student Performance, Clinical (2022-2023+)

Insufficient contact to evaluate (delete evaluation)

-Notice to Evaluator-

Questions that are not required are for reference only and display data provided by the contributing evaluators. These questions do not need to be answered and are not viewable by the student.

Attached File: [Description of scales and competencies](#)

Yes	No
<input type="radio"/>	<input type="radio"/>

1. Team Evaluation

Is this a team, group, or pooled evaluation?

Once or Twice	Occasionally	Frequently
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Frequency of Contact

How often did you interact with this student?

3. Site

Enter the site name where the student participated for this evaluation. *

Outstanding	Above Expectations	Meets Expectations	Below Expectations	Cannot Assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Patient Care

Overall Level of Competence*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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5. Knowledge for Practice

Overall Level of Competence*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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6. Practice Based Learning and Improvement

Overall Level of Competence*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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7. Interpersonal and Communication Skills

Overall Level of Competence*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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8. Professionalism

Overall Level of Competence*

9. Systems-Based Practice

Overall Level of Competence*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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10. Interprofessional Collaboration

Overall Level of Competence*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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11. Personal and Professional Development

Overall Level of Competence*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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12. Formative Feedback

Did you provide formative feedback to this student?

Yes	No
<input type="radio"/>	<input type="radio"/>

13. Attendance

Number of missed days.*

0	1	2	3	4	5	>5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Summative Evaluation

At least 3 substantive sentences describing the student's performance during the course, including any comments related to the competencies above. *

16. Final Clinical Grade

MH - Honors

MHP - High Pass

MP - Pass

MF - Fail *

* Required fields  Option description (place mouse over field to view)

Submit Completed Evaluation 