



Office of the Registrar
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EXTERNSHIP EVALUATION

PART I: TO BE COMPLETED BY THE STUDENT

Student Name _____ Student ID _____
 Course _____ Location _____
 Inclusive dates of course _____ to _____ USF/COM Month # _____

PART II: EVALUATION

Grade Definitions:

- Outstanding – rarely awarded; individual of exceptional ability
- Above Average – clearly better than peer group
- Average – on par with peer group
- Below Average – adequate but somewhat below peer group
- Unacceptable

Category Definitions:

- Participation in Discussions – attentive, leader, thoughtful and relevant comments
- Judgment; Problem Solving – maturity of analytical ability, soundness of logic
- Professional Standards – prompt/attention to responsibility, conscientious, attitude, appearance, attendance
- Rapport with Others – consideration, tact, maturity in dealings with others

| | <u>Outstanding</u> | <u>Above Average</u> | <u>Average</u> | <u>Below Average</u> | <u>Unacceptable</u> |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Knowledge of Subject | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Participation in Discussions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Judgment: Problem solving | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional Standards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rapport with Others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall Evaluation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Strengths/Weaknesses _____

Grade (Please check one): Honors (90-100) Other (please explain) _____
 Pass with Commendation (80-89) _____
 Pass (70-79) _____

PART III: TO BE COMPLETED BY COURSE DIRECTOR/EVALUATOR

Name _____ Department _____
 (Please Print)
 Facility _____ Phone _____
 Signature _____ Date _____

Please return this form to the USF College of Medicine Registrar at the address listed on the top of this form.