



Office of the Registrar
 College of Medicine
 University of South Florida
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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.