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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"/>
<b>Overall Evaluation</b>	<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 (70-89) \_\_\_\_\_

**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.