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INDEPENDENT STUDY SELF-ASSESSMENT FORM AND EVALUATION

Part I (To be complete	ed by the student)							
Name		Student ID Number <u>U</u>						
Phone	Email	Period	Dept					
List learning objective	es and work products (from the indep	endent study application form)						
	Objectives	s Work Products						
1								
2								
3								
Please evaluate the e	xtent to which the above objectives w	ere achieved.						
2.								
3.								
4.								
5.								
How well did this inde	ependent study meet your expectation	s?	j					
Overall, what contribu	uted most significantly to your learnin	g in this independent study?						
What challenges or o	bstacles did you experience during th	is independent study?						
Given the opportunity	v, what would you have changed abou	t this independent study?						
Do you have any addi	itional comments about this independ	ent study?						
20 you have any dud	sommente about une macpena	on olday i						
Student signature		Da	ate					

Part II (To be completed by the faculty supervisor)

Circle one

Evaluation Scale: 1 = Below Expectations 2 = Mostly Met Expectations 3 = Consistently Met Expectations 4 = Mostly Above											
Expectations 5 = Consistently Above Expectations				2	つ	1	5	N/A			
Demonstrated an appropriate depth of knowledge				2	3	4	5	N/A			
Showed good judgment and reasoning skills											
Maintained complete and orderly		<u>1</u> 1	2	3	4	5	N/A				
Was well organized				2	3	4	5	N/A			
Demonstrated enthusiasm					3	4	5	N/A			
Was reliable and on time					3	4	5	N/A			
Took initiative and worked independently					3	4	5	N/A			
Asked for assistance when appropriate					3	4	5	N/A			
Accepted direction or criticism comfortably					3	4	5	N/A			
Demonstrated honesty in admitting errors					3	4	5	N/A			
Contributed as a member of the team					3	4	5	N/A			
Worked well with and respected members of the health care team				2	3	4	5	N/A			
Obtained confidence and cooperation of patients			1	2	3	4	5	N/A			
	ed an appropriate plan of treatmen	nt	1	2	3	4	5	N/A			
Recognized emergency situation			1	2	3	4	5	N/A			
Suggestions for improvement:											
(Please check one) □Pass	rs (90-100) with Commendations (80-89) (70-79)	□Other (please explain)									
Evaluator's Name	(Please Print)	Evaluator's S	ign	atur	·e						
	<u></u>										

Date Signed