



Office of the Registrar
 College of Medicine
 University of South Florida
 Phone: (813) 974-0828

12901 Bruce B. Downs Blvd MDC 32
 Tampa, FL 33612
 Email: mcook@health.usf.edu
 Fax: (813) 974-4619

INDEPENDENT STUDY SELF-ASSESSMENT FORM AND EVALUATION

Part I (To be completed by the student)

Name _____ Student ID Number **U** _____

Phone _____ Email _____ Period _____ Dept _____

List learning objectives and work products (from the independent study application form)

| | Objectives | Work Products |
|---|------------|---------------|
| 1 | | |
| 2 | | |
| 3 | | |

Please evaluate the extent to which the above objectives were achieved

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

What challenges or obstacles did you experience during this independent study?

Given the opportunity, what would you have changed about this independent study?

How much do you think you have learned in this independent study as compared to other courses you have taken this year?

How well did this independent study meet your expectations?

Overall, what contributed most significantly to your learning in this independent study? What was the most important feature to retain?

Do you have any additional comments about this independent study?

Student signature _____ Date _____

Part II (To be completed by the faculty supervisor)

Circle one

| Evaluation Scale: | | | | | | |
|---|---|---|---|---|---|-----|
| 1 = Unsatisfactory 2 = Needs Improvement 3 = Expected Level 4 = Exceeds Expectations 5 = Exceptional | | | | | | |
| Demonstrates reasonable depth of knowledge | 1 | 2 | 3 | 4 | 5 | N/A |
| Maintains complete and orderly records | 1 | 2 | 3 | 4 | 5 | N/A |
| Demonstrates enthusiasm | 1 | 2 | 3 | 4 | 5 | N/A |
| Contributing member of team | 1 | 2 | 3 | 4 | 5 | N/A |
| Demonstrates realistic appreciation of his/her own competence and limitations | 1 | 2 | 3 | 4 | 5 | N/A |
| Works well with and shows respect for members of the health care team | 1 | 2 | 3 | 4 | 5 | N/A |
| Well organized, analytic | 1 | 2 | 3 | 4 | 5 | N/A |
| Shows good judgment, coherent line of reasoning | 1 | 2 | 3 | 4 | 5 | N/A |
| Demonstrates honesty in admitting errors | 1 | 2 | 3 | 4 | 5 | N/A |
| Obtains confidence and cooperation of patients | 1 | 2 | 3 | 4 | 5 | N/A |
| Takes initiative/works independently | 1 | 2 | 3 | 4 | 5 | N/A |
| Well organized, analytic | 1 | 2 | 3 | 4 | 5 | N/A |
| Accepts direction or criticism comfortably | 1 | 2 | 3 | 4 | 5 | N/A |
| Reliable and responsible | 1 | 2 | 3 | 4 | 5 | N/A |
| Establishes priorities and institutes an appropriate plan of treatment | 1 | 2 | 3 | 4 | 5 | N/A |
| Recognizes an emergency situation and manages it appropriately | 1 | 2 | 3 | 4 | 5 | N/A |

Comments: (Please specify how grade was determined, including any test scores, and justification for all honors grades.)

Suggestions for improvement:

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

| | |
|---|---------------------------------------|
| _____ Evaluator's Name (Please Print) | _____ Evaluator's Signature |
| _____ Date Signed | |