

INDEPENDENT STUDY SELF-ASSESSMENT AND EVALUATION

Part I (To be completed by the student)							
Nan	ne	ID Number <u>U</u>					
Email		Location:					
		Period					
эрс	Clarty Ficia						
	Please evaluate the extent to whic	h the objectives from the application form were achieved					
	Objectives	Evaluation of Final Work Products					
1							
2							
3							
Hov	v well did this independent study me	et your expectations?					
Ove	erall, what contributed most significar	ntly to your learning in this independent study?					
What challenges or obstacles did you experience during this independent study?							
Give	en the opportunity, what would you h	have changed about this independent study?					
Do you have any additional comments about this independent study?							
Stur	dent signature	Date					

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Part II (To be completed by the faculty supervisor)

Evaluation Scale:									
1 = Below Expectations 2 = Mostly Met Expectations 3 = Consistently Met Expectations 4 = Mostly									
Above Expectations 5 = Consistently Above Expectations									
Demonstrated an appropriate depth of knowledge	1	2	3	4	5	N/A			
Showed good judgment and reasoning skills	1	2	3	4	5	N/A			
Maintained complete and orderly records	1	2	3	4	5	N/A			
Was well organized	1	2	3	4	5	N/A			
Demonstrated enthusiasm	1	2	3	4	5	N/A			
Was reliable and on time	1	2	3	4	5	N/A			
Took initiative and worked independently	1	2	3	4	5	N/A			
Asked for assistance when appropriate	1	2	3	4	5	N/A			
Accepted direction or criticism comfortably	1	2	3	4	5	N/A			
Demonstrated honesty in admitting errors	1	2	3	4	5	N/A			
Contributed as a member of the team	1	2	3	4	5	N/A			
Worked well with and respected members of the health care team	1	2	3	4	5	N/A			
Obtained confidence and cooperation of patients	1	2	3	4	5	N/A			
Established priorities and instituted an appropriate plan of treatment	1	2	3	4	5	N/A			
Recognized emergency situations and managed appropriately	1	2	3	4	5	N/A			

Comments: (Please specify how the grade was determined, including any test scores, and justification for all honors grades)								
Suggestions for improvement:								
Suggested Grade: ☐Honors (90-100) (Please check one) ☐Pass with Commendations (80-89) ☐Pass (70-79)	□Other (please explain)							
Evaluator's Name	Signature							
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USF Health Registrar