

Scholarly Concentrations Program Morsani College of Medicine University of South Florida Phone: (813) 974-5793

12901 Bruce B. Downs Blvd MDC 54 Tampa, FL 33612 Email: <u>RISE@health.usf.edu</u> Fax: (813) 974-2976

SCHOLARLY CONCENTRATIONS PROGRAM ELECTIVE SELF-ASSESSMENT FORM AND EVALUATION

Period

Part I (To be	completed	by the	student)
----------	-------	-----------	--------	----------

INALLIC	Ν	а	r	r	۱	e
---------	---	---	---	---	---	---

Student ID Number **U**

P	hone	

Email

Concentration

List learning objectives and work products (from the SCP ELECTIVE 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 SCP ELECTIVE?		

Given the opportunity, what would you have changed about this SCP ELECTIVE?

How well did this SCP ELECTIVE meet your expectations?

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

Do you have any additional comments about this SCP ELECTIVE?

Student signature

Stud	ent	Nam	e:
			•••

UNumber:_____

Part II (To be completed by the faculty mentor) *Circle one*

Evaluation Scale: 1 = Unsatisfactory 2 = Needs Improvement 3 = Expected Level 4 = Exceeds Expectations 5 = Exceptional		
Shows scholarly and reflective approach to project	12345N/A	
Shows commitment to project	12345N/A	
Shows depth of knowledge	12345N/A	
Shows realistic appreciation of his/her own competence and limitations	12345N/A	
Shows initiative/works independently	12345N/A	
Shows time management and follow-through skills	12345N/A	
Accepts direction or criticism comfortably	12345N/A	
Shows good judgment, coherent line of reasoning	1 2 3 4 5 N/A	
Works well with and shows respect for members of the team	1 2 3 4 5 N/A	
Reliable and responsible	12345N/A	
Written communication skills	1 2 3 4 5 N/A	
Oral communication skills	1 2 3 4 5 N/A	

Comments: (Please specify how grade was determined and justify all unsatisfactory or incomplete grades.)

Suggestions for improvement:

Suggested Grade:
Satisfactory

(Please check one)
Unsatisfactory

Incomplete (please explain)

Mentor's Name (Please Print)

Mentor's Signature

Date Signed