

Drexel University College of Medicine

Individual Faculty/Resident -Student Performance Evaluation – Required Clinical Rotation

Differential Diagnosis O	ud	ent N	ame: _						Ev:	aluator Name:			
(if Consensus Conference or Composite is thecked, please list the names of the faculty and residents who contributed to this evoluation) assess evaluate each term listed below. Check the box that most closely matches your estimation of the student's preformance. Assessment of Items should becific to the counse/circkhish and appoint set the student's level of Iraining, including the time of year and the student's rotation sequence. Comments aguired for any item marked "Below Expectations" Is even from a previous properties. U = Unacceptable B = Below Expectations M = Meets Expectations E = Exceeds Expectations F = Fair Exceeds Expectations N = Meets Expectations B = Not Applicable NO = Not Observed B M E F NA NO I. Patient Care No N	ur	se Nu	ımber:		Course Name:					Location:	Dates:		
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