



CLINICAL EVALUATION FORM

American Global University

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This form is to be completed and returned to the Clinical Department by fax or mail.

STUDENT'S INFORMATION

TO BE COMPLETED BY THE STUDENT BEFORE SENDING TO EVALUATING PRECEPTOR

1 Student's Full Name: _____
Last/Family Name/Surname *First/Given/Personal* *Middle*

2 Student ID Number: _____ Current Enrollment: _____
As appears on ID card *Program - Semester*

ROTATION'S INFORMATION

TO BE COMPLETED BY SUPERVISING PRECEPTOR OR AN AUTHORIZED REPRESENTATIVE

3 Rotation Name: _____ Core Elective

4 Preceptor's Full Name: _____ Position _____
Last and First Name

5 Hospital / Clinic Name: _____

6 Address: _____ Phone Number (____) _____
Number and street or rural route *Area Code* *Phone Number*

City or Town *State* *Zip Code* *Country*

7 Rotation Dates: ____/____/____ Weeks Completed: ____
Start Date *End Date*

8 Has the student completed other rotations with the preceptor? Yes No

9 Preceptor's Comments: _____

FOR OFFICE USE ONLY		
Date	Staff Member	Remarks

☐ SUMMARY EVALUATION

10 What do you consider to be the student's most outstanding skills or talents?

11 What do you consider to be the student's main liabilities or weaknesses?

12 Evaluation Chart

On the chart below, please indicate by number your evaluation of this student's performance during the clinical rotation in each category. Obviously, students will be stronger in some areas than in others. Using the 1-5 scale, rank this applicant on each of the following attributes.

<i>please darken bubble</i>	excellent	above average	average	below average	unsatisfactory	N/A
Case Presentation	⑤	④	③	②	①	①
Clinical Judgement	⑤	④	③	②	①	①
Basic Science Knowledge	⑤	④	③	②	①	①
Notes/Charts	⑤	④	③	②	①	①
Initiative/Dependable	⑤	④	③	②	①	①
Rapport with Patients	⑤	④	③	②	①	①
Oral Communication	⑤	④	③	②	①	①
Team Participation	⑤	④	③	②	①	①
Responsibility	⑤	④	③	②	①	①
Physical Examination	⑤	④	③	②	①	①
Written Records	⑤	④	③	②	①	①
Interpretation of Lab Tests	⑤	④	③	②	①	①

13 Please indicate your overall impression of the student's performance (*in percentage*)

A (90-100)

B (80-90)

C (70-80)

D (60-70)

F (below 60)

official seal or stamp

if available

Preceptor's Signature _____

Date ____ / ____ / ____