



**ROSS UNIVERSITY**  
 School of Medicine  
 630 Route 1  
 Suite 100  
 North Brunswick, New Jersey 08902-3311

SAMPLE

CAMPUS: PORTSMOUTH, DOMINICA, WEST INDIES

TEL: 732.509.4600  
 FAX: 732.509.4820  
 E-MAIL: clinical@rossmed.edu

Student I.D.# \_\_\_\_\_

### CLINICAL CLERKSHIP EVALUATION FORM

The physician responsible for supervising the clerkship will complete this evaluation at the end of clinical clerkship. **Print clearly.**

Medical Student \_\_\_\_\_ Name of Clerkship \_\_\_\_\_

Clerkship Duration (No. of Weeks) \_\_\_\_\_ Dates: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_ to \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

In comparison with other medical students at the same level of clinical training, please rank the performance of the student. Select the grade evaluation from the five options listed below. Only **whole** numbers will be used in determining final grade.

**KEY**

- |   |                      |
|---|----------------------|
| 5 | <b>Excellent</b>     |
| 4 | <b>Above Average</b> |
| 3 | <b>Average</b>       |
| 2 | <b>Below Average</b> |
| 1 | <b>Fail</b>          |

**Please see attached blue copy for clerkship grading policy used in calculating final grade.**

- \_\_\_\_\_ Knowledge of medical sciences (basic sciences, clinical sciences)
- \_\_\_\_\_ Knowledge of assigned patients (specific medical problems, laboratory information, therapeutic modalities, follow-up)
- \_\_\_\_\_ Professionalism (reliability, thoroughness, carefulness, attendance, punctuality, interpersonal relationships with colleagues and staff, verbal and written case presentations, initiative)
- \_\_\_\_\_ Character (sensitivity to patients, patient rapport, ethical values, personal appearance, emotional stability)

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Hospital: \_\_\_\_\_ Telephone: (      ) \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Evaluator (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

After completion of rotation, return completed WHITE Copy to: Dean of Clinical Sciences: Ross University School of Medicine, 630 Route 1, Suite 100, North Brunswick, New Jersey 08902-3311 within 30 days. Retain YELLOW Copy for Hospital files.

CREDIT IS AWARDED ONLY FOR ORIGINAL EVALUATIONS

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