Evaluation of Performance in an Off-Campus Senior Elective

Student’s Name: ________________________________

Title of Elective Course: ________________________________

Location of Course: ________________________________

Number of Weeks in Course: __________________________

Rotation Completed on (date): __________________________

To Be Completed by Attending Physician

**Skills**

- History Taking
- Physical Examination
- Manual Techniques
- Problem Solving
- Therapeutic Design
- Ability to Apply Knowledge

<table>
<thead>
<tr>
<th>Insufficient Observation</th>
<th>Perfectly Flawless</th>
<th>Excellent</th>
<th>Good: All that can be reasonably expected from a good student</th>
<th>Adequate: Less than desired but passing</th>
<th>Unsatisfactory</th>
</tr>
</thead>
</table>

**Behavior as a Medical Student**

- In relation to patients
- In relation to support personnel
- In relation to faculty
- Attendance, participation
- Responsibility
- Appearance
- Performance Under Stress
- Initiative

Comments:

Attending Signature: ________________________________ Date ________________

To be completed by University of Arkansas Department Chair:

PLEASE CIRCLE: Pass Fail

UAMS Signature: ________________________________ Date ________________