DEPARTMENT OF MEDICAL & RESEARCH TECHNOLOGY
UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE

INTERIM CLINICAL EVALUATION

Student: _____ Evaluation Date: _____

Rotation Number: _____ Affiliate: _____

Discipline _____

This assessment is an abbreviated version of the final clinical evaluation. Please refer to that form for detailed descriptions of behavior in the categories below. Circle the number, which corresponds to the student's performance in each category using the following rating scale as a guide:

1	2	3	4	5
FAILS TO MEET STANDARDS	BELOW STANDARDS	MEETS STANDARDS	ABOVE STANDARDS	EXCEEDS STANDARDS

1. ***Fails to Meet Standards –*** Performance is below entry-level expectations. Student does not meet minimum standards. Performance is unacceptable.

2. ***Below Standards –*** Performance is marginally below entry-level expectations. Student needs to improve to meet minimum standards.

3. ***Meets Standards –*** Meets entry-level expectations and minimum standards.

4. ***Above Standards –*** Consistently meets entry-level expectations and minimum standards. Excels in certain areas. Student has demonstrated a high level of initiative and independent functioning.

5. ***Exceeds Standards –*** Clearly outstanding. Consistently exceeds entry-level expectations and minimum standards. Student has demonstrated a high level of initiative and independent functioning.

- Initiative and Interest

1	2	3	4	5

- Responsibility

1	2	3	4	5

- Adaptability

1	2	3	4	5

- Knowledge

1	2	3	4	5

- Technique

1	2	3	4	5

- Professional Standards

1	2	3	4	5

GENERAL COMMENTS:

Days Absent _____	Days Made-up _____	Days Tardy ____

Evaluated by: _____ _____ _____
Affiliate Signature Title Date

I have reviewed this evaluation and agree with it's content:

_____ _____
Student Signature Date

Reviewed by _____
Date