

**FACULTY EVALUATION FORM
MEDICAL STUDENTS**

Student: _____

Faculty: _____

Date: _____

1. Was the student prepared for the day?
(Punctual, Contacted staff of the day, Available for clinical responsibilities)

1	2	3	4	5
Unsatisfactory		Satisfactory		Excellent

2. Was the student's technical skill appropriate for level?

1	2	3	4	5
Below expected		At Expected		Better than expected

3. Was the student's knowledge base appropriate for their level of education?

1	2	3	4	5
Below expected		At Expected		Better than expected

4. Was the student able to integrate knowledge into clinical decision-making?

1	2	3	4	5
Below expected		At Expected		Better than expected

5. Did the student interact in a professional manner towards patients, anesthesia team and OR team?

1	2	3	4	5
Unsatisfactory		Satisfactory		Excellent

Comments (required):

**Return to Dr. Dawn Dillman, Dept. of Anesthesiology, UHS-2 or
dillmand@ohsu.edu**