



Clinical Elective Grade/Evaluation Form

STUDENT INFORMATION		
Name (Last, First, MI):	Life Number:	Program

ELECTIVE INFORMATION			
Elective Code:	Elective/ Course Director:	Start Date:	Completion Date:
Elective Title:			

EVALUATION		
Check off and enter comments (if any)		
HONORS	PASS	FAIL
Student arrives prepared to participate	Student arrives prepared to participate	Student generally arrives unprepared to participate
Student demonstrates understanding of advanced concepts	Student demonstrates basic understanding of concepts	Student cannot provide basic understanding of concepts
Shares knowledge with others in clinical settings	Demonstrates knowledge gained with prompting	Unable to demonstrate knowledge gained, even with prompting
Can perform psychomotor skills relevant to the elective with supervisor available	Can perform psychomotor skills relevant to the elective with supervisor assisting	Arrives late regularly; unscheduled absences
Is proactive and actively engages with team bi-directionally	Completes tasks when assigned by team	Inappropriate Conduct

# Of Weeks Completed:	Overall Grade (check one):	
	<input type="checkbox"/> Honors	<input type="checkbox"/> Pass
	<input type="checkbox"/> Fail	

Comments:

This form must be returned to the Office of the Registrar in order for the student to receive credit.
You have the following options to hand in this form:

- The student can turn in the form if you return it to them in a sealed envelope with course director's signature on the flap
- Email completed form (from course director only) to electives@mssm.edu

Instructor Signa:	Date:
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