



Icahn
School of
Medicine at
Mount
Sinai

Research/ Non-Clinical Tailor Made Elective Grade/Evaluation Form

Office of the Registrar
One Gustave L. Levy Place
Annenberg Building-Room 1330
Box 1257
New York, NY 10029-6574

Phone 212.241.6691
Facsimile 212.369.6013
E-mail: : electives@mssm.edu

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)	
PASS	FAIL
UNDERSTANDING	
Demonstrated understanding of concepts or tasks to be performed	Could not provide basic understanding of concepts or tasks to be performed
PROFESSIONALISM	
-Arrived on time and prepared -Ready to receive feedback and suggestions -Integrated feedback -Considerate of others' time and value to the team	-Arrived late regularly; unscheduled absences -Inappropriate conduct
ABILITY	
-Able to perform task/work outlined with minimal supervision -Demonstrated knowledge or interpretation of tasks	Unable to perform tasks/ work outlined for the elective
INITIATIVE & RESPONSIBILITY	
-Appropriate with some supervision to move forward -Completed tasks when assigned by team -Took ownership and direction of the work required	Low level and unable to move forward
TEAMWORK & COMMUNICATION	
-Worked well with others -Effective member of the team -Kept team informed on progress or any questions or challenges	-Poor teamwork, poor collaboration -Poor communication (oral or written)

# Of Weeks Completed:	Overall Grade (check one):	
	<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(toAnn 12-80) 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 Signature:	Date:
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