

**ELECTIVE CLERKSHIP EVALUATION FORM**

Please mail this form directly to [intech-med@technion.ac.il](mailto:intech-med@technion.ac.il)

Student's name \_\_\_\_\_

Clinical department \_\_\_\_\_

Hospital \_\_\_\_\_

Medical School Affiliation \_\_\_\_\_

Clerkship dates: from \_\_\_\_\_ to \_\_\_\_\_

OFFICIAL  
SEAL  
(If Available)

<i>Please check one</i>	<i>Out-standing</i>	<i>Very Good</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Unsatisfactory (failure)</i>
Data collection (interviewing/history taking)					
Case presentation / problem formulation (synthesis/differential diagnosis)					
Clinical judgment (organization/efficiency/prioritization)					
General knowledge (basic & clinical)					
Initiative & motivation					
Attendance, reliability & professional appearance					
Interpersonal relationships (with patients)					
Interpersonal relationships (with staff)					
Technical skills					

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Comments for Dean's Letter:

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**Overall Evaluation:**

**Remarks/comments about Student:**

- Outstanding \_\_\_\_\_
- Very good \_\_\_\_\_
- Good \_\_\_\_\_
- Satisfactory \_\_\_\_\_
- Unsatisfactory (Failure) \_\_\_\_\_

FULL NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

POSITION: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

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