



**Department of Clinical Sciences**  
 5999 Summerside Drive, Suite 220, Dallas, Texas, USA 75252  
 Toll Free: 1-888-440-4474  
 Tel. 972-484-9700  
 Fax: 972-484-9970

## STUDENT EVALUATION OF CLINICAL ROTATION

Preceptor's Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Hospital or Clinic: \_\_\_\_\_  
Name

\_\_\_\_\_ Street Address

\_\_\_\_\_ City State Zip Code

**Rotation:** \_\_\_\_\_ **Rotation Dates:** \_\_\_\_\_  
Name of Rotation Start Date – End Date

**DIRECTIONS: RANK EACH AREA OF YOUR CLERKSHIP USING THE FOLLOWING RATING SCALE. CHECK N/A IF NOT APPLICABLE**

SCORING: 5=EXCELLENT 4=GOOD 3=AVERAGE 2=BELOW AVERAGE 1=POOR N/A=NOT APPLICABLE

| <b><u>DISCRIMINATORS</u></b>                                 | <b>1</b>                 | <b>2</b>                 | <b>3</b>                 | <b>4</b>                 | <b>5</b>                 | <b>N/A</b>               |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| PROFESSIONALISM OF PRECEPTOR                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ATTITUDE & WILLINGNESS OF PRECEPTOR TO TEACH                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ATTITUDE OF OTHER PERSONNEL (NURSES, HOUSE STAFF, ETC)       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TEACHING OF DIAGNOSIS & TREATMENT                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OBSERVATION OF PROCEDURES                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PERFORMANCE OF PROCEDURES                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NUMBER OF PATIENT CONTACTS PER DAY                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NUMBER OF HISTORY & PHYSICAL EXAMS PER WEEK                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SCOPE AND VARIETY OF PATHOLOGY/DISEASE                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NIGHT AND WEEKEND COVERAGE                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| QUALITY OF DIDACTICS (I.E., LECTURES, READING, ROUNDS, ETC.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OVERALL ROTATION EVALUATION                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**COMMENTS:** Please briefly describe the strongest and weakest areas of this Rotation.  
 Would you in retrospect take this rotation again? Yes  No

Student Name (optional): \_\_\_\_\_