

**UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE**  
**Evaluation of Student Performance in Preceptorship**

<b>Student's Name:</b>	<b>Student's ID Number:</b>
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Please evaluate the student's level of performance in each of the following categories by checking the appropriate box. If the area of evaluation is not applicable or not observed, please check the Not Applicable box.

AREAS OF EVALUATION		PERFORMANCE ASSESSMENT				
		Exceeds Expectations	Meets Expectations	Areas to Work on	Evaluator Concern	Not Applicable
Attendance:	Fulfill ~32 preceptor hours: 8 four hour sessions within specified academic term					
Fund of Knowledge	(verbal discussions; written work)					
Educational Attitudes:	(participation; inquisitiveness, enthusiasm, motivation)					
Relationships with Patients:	(communication skills; appropriate empathy)					
Professional Conduct:	(reliability; professional behavior)					
	(Integrity; personal interactions)					
	(relationship with others; group work)					

**COMMENT SECTION:** [Provide descriptive information on the student's performance. Required if evaluator concern(s) and/or student fails the course.]

<p><u>Evaluator Concern or Areas to Work on:</u> Required comments to document areas to work on or of concern.          Not for use in MSPE letter unless there is a pattern that is discussed with the student.]</p>
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<p><u>Overall Performance:</u> [Required comments to elaborate on areas of evaluation in checklist and/or on other areas of importance. For use in MSPE letter.]</p>
<p><u>Overall Professional Development:</u> (Check one) _____ Meets Expectations _____ Needs Development _____ Unacceptable*          *Provide documentation to support this assessment</p>

Process: Original copy to Academic Affairs for student file, copy to Student Affairs Dean, copy to student, copy for departmental preceptorship file

<b>Date:</b>	<b>Academic Period:</b>	<b>Dept/Course No:</b>	<b>Course Name:</b>	<b>Instructor:</b>		<b>Grade:</b> Pass / Fail
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