

# St. Christopher Iba Mar Diop

## College of Medicine

**St. Christopher IMD College of Medicine  
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### Medical Student Evaluation Form

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\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Clinical Rotation

Begin: \_\_\_\_\_ End: \_\_\_\_\_  
                    Dates of Rotation

\_\_\_\_\_  
Attending/Supervising Physician

	<u>Category</u>									<u>Comments</u>
Knowledge of Pathophysiology	65	70	75	80	85	90	95	100	_____	_____
Data gathering & interviewing	65	70	75	80	85	90	95	100	_____	_____
Physical Examination	65	70	75	80	85	90	95	100	_____	_____
Diagnostic Ability	65	70	75	80	85	90	95	100	_____	_____
Therapeutic Ability	65	70	75	80	85	90	95	100	_____	_____
Chart Work	65	70	75	80	85	90	95	100	_____	_____
Rapport with staff & patients	65	70	75	80	85	90	95	100	_____	_____
Overall progress & performance	65	70	75	80	85	90	95	100	_____	_____

