

Specific Strengths:

Specific Weaknesses:

Recommended changes /revisions to program:

Number of days absent for this rotation: "" "" Number of days late for this rotation:

Letter Grade: A A- B+ B B- C+ C C- D F

"
(*Minimum passing grade: B)

Evaluator's signature: _____

Evaluator's name (printed):

Date: Phone Number:

Rotation:

Evaluation form reviewed with student: YES NO

PRINT RESET FORM