



Albert Einstein College of Medicine

Office of the Registrar
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 Belfer Building, Rm 210
 Bronx, NY 10461
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 Einstein-MDregistrar@einsteinmed.org

Classroom Elective - Evaluation of Student Performance and Professional Attributes (MD)

Student Name: _____

Clerkship Rotation: _____ Required _____ Elective

Location: _____ Dates: _____

Evaluators: _____

Evaluation

	Does Not Meet Expectations	Meets Expectations	Exceeds Experiences	N/A
Is an active participant in class discussions	Does not actively participate in most sessions. Does not foster peer participation.	Active participant in most sessions. Occasionally engages peers to participate.	Active participant in all sessions. Frequently Engages peers to participate.	
Demonstrates sufficient preparation for teaching sessions	Is not prepared for class sessions.	Is prepared for most sessions.	Is prepared for all sessions.	
Knowledge	Demonstrates insufficient or inaccurate understanding of course content.	Demonstrates acceptable understanding of course content.	Demonstrates exceptional understanding of course content.	
Utilizes feedback to improve performance	Does not accept constructive feedback. Does not demonstrate improved performance based on feedback.	Accepts constructive feedback most of the time. Demonstrates some ability to improve performance based on feedback.	Accepts constructive feedback openly. Demonstrates ability to improve performance based on feedback.	
Demonstrates compassionate, professional and ethical behavior	Does not demonstrate compassionate, professional or ethical behavior.	Demonstrates compassionate, professional and ethical behavior.	Is a model student in demonstrating compassionate, professional and ethical behavior.	
Completing work	Does not complete required work in a timely or competent manner.	Completes work in a timely and competent manner most of the time.	All work is submitted in a timely manner. Work is completed competently.	

Comments

Please comment on any aspects of the student’s performance that were noteworthy or are in need of improvement. Please use specific examples whenever possible.

Overall Assessment

Incomplete	Fail	Low Pass	Pass	High Pass	Honors
Student has not met all the requirements of the rotation.	Student cannot pass this rotation.	Student can pass this rotation but requires remediation.	Student is at expected level of training for this rotation.	Student is performing at an excellent level above expectations for level of training.	Student is performing at an exceptional level far above expectation for level of training.

____ I attest that no conflict of interest exists in evaluating this student.

Evaluator Signature: _____ Date: _____

Final evaluations must be submitted to the Registrar’s Office no later than 4 weeks after the end of the rotation.

RETURN FORM TO:

OFFICE OF THE REGISTRAR
 ALBERT EINSTEIN COLLEGE OF MEDICINE
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Instructor Signature: _____ Date: _____