

**School of Medicine  
University of California, San Francisco  
STUDENT EVALUATION**

<b>Student Name:</b>	<b>Course:</b>
<b>Faculty Preceptor:</b>	<b>Dates:</b>
<b>Preceptor Signature:</b>	<b>Location:</b>

**Student Grade:**

Pass \_\_\_\_\_ Fail \_\_\_\_\_

**Numerical Ratings:** (Please enter a number rating of 1, 2, 3, 4, or X for each competency)

*KEY: 1 = problem 2 = concern 3 = adequate 4 = excellent X = not observed/not applicable*

A. Clinical Knowledge and Skills	Rating	B. Physicianship & Personal Attributes	Rating
1) Fund of Knowledge		7) Attributes and Responsibility	
2) History Taking		8) Self Improvement	
3) Physical Exam		9) Patients and Families	
4) Oral Presentation		10) Relations w/ HealthCare Team	
5) Record Keeping			
6) Problem Solving		<b>C. Literature Review</b>	

\*Note: please address scores of 2 or below in Constructive Comments Section E.

**D. Summary Comments:** *Please provide 3-5 sentences of performance-based narrative to be quoted verbatim in the Medical Student Performance Evaluation (MPSE/Dean's Letter):*

**E. Constructive Comments:** *not for direct quotation in Medical Student Performance Evaluation (MSPE):*