**UCSF School of Medicine**

**GLOBAL HEATH STUDENT EVALUATION**

**Section for student to fill out:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  |  |
| Student Name | |  | Type of Experience: Emergency, Ward, etc. |
|  | |  |  |
| Location (Country & Institution) | |  | Dates of Experience |
|  |  |  | |

**Section for preceptor to fill out:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  |  |
| Faculty Preceptor Name | |  | Faculty Preceptor Signature |
|  |  |  | |

# Overall Student Assessment:

|  |  |  |  |
| --- | --- | --- | --- |
| Pass \_\_\_\_\_\_\_\_\_ | | Fail \_\_\_\_\_\_\_\_\_\_ |  |
|  |  | | |
|  | | | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Please Submit Comments on Student’s Performance:** | | |