Albert Einstein College of Medicine

Office of the Registrar
Phone: 718.430.2102
Einstein-MDregistrar@einsteinmed.edu

External Elective Clinical Grade-Evaluation Form (MD)

Student Information

Name (Last, First, MI): _____ Date: _____

Elective Information

Elective Name: _____

Elective/Course Director: _____ Location: _____

Rotation Dates: _____

Evaluation
Check one box in each row to indicate level of performance.

Area	Meets Elective Expectations	Meets Elective Expectations	Needs Remedial Experience	Insufficient Information to Judge
Knows facts	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Understands concepts	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Uses resources (Library, Labs, Records)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Problem-solving ability	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Verbal communication skills	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Written communication skills	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Technical skills (physical exam, procedures, etc.)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Relates and works well with others	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Accepts responsibility	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Seeks feedback	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is motivated and takes initiatives	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Shows good judgement	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Overall Grade: ☐ Honors ☐ High Pass ☐ Pass ☐ Low Pass ☐ Fail ☐ Incomplete

Comments:

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

PLEASE RETURN THE COMPLETED FORM TO Einstein-MDRegistrar@einsteinmed.edu.

Instructor Signature: _____ Date: _____