

Upon completion, please mail this form to the following address:
Office of Admissions and Student Affairs SL-67
Tulane University School of Medicine
1430 Tulane Avenue
New Orleans, LA 70112
Phone: 504-988-5331 Fax: 504-988-6462

STUDENT EVALUATION
(For Use in Clinical Clerkships)

EVALUATION OF: _____ GRADE: _____

NAME OF INSTITUTION: _____ PHONE: _____

NAME OF COURSE: _____

INCLUSIVE DATES: _____ to _____

Uses of this evaluation: When reported from your department, this evaluation becomes a part of this student's permanent record in the School of Medicine. It will be used

- (1) in writing the Dean's letter of recommendation for internships and residency, (2) for other letters of recommendation, (3) in counseling this student,
- (4) if any question arises as to this student's promotional status.

GRADES: TULANE UNIVERSITY SCHOOL OF MEDICINE

H, HONORS: This designation is awarded to students whose performance in all aspects of the course surpasses the standards required by the faculty and is clearly superior to that of the average student taking the course. It is recommended that this correspond to the final numerical grade in the range 94-100.

HP, HIGH PASS: This designation is reserved for students whose performance in all phases of the course clearly surpasses the essential standards required and is distinctly above average. It is suggested that it should be assigned when the final numerical grade is in the range 86-93.

P, PASS: A grade of pass should be awarded to those students who attain the essential level of confidence expected in the course and may occasionally surpass the average. It is recommended for the final grade in the numerical range of 70-85.

C, CONDITION: The condition grade in the clinical years is assigned when a student passes the clinical aspects of the clerkship but fails the final examination.

F, FAILURE: This grade should be assigned to the student who did not attain the essential level of competence required and from the clinical years entails a final numerical grade below 70.

NOTE: Federal law provides the student the right to review this evaluation. A frank and accurate appraisal, however, is in the best interest of the student and of all with whom he will work.

In the space below, please give a written characterization of this student's performance. While you need not stick to the following points, please review them in writing your report: reliability, concern for patients; understanding of patients; industriousness; conscientiousness; availability; concern for accuracy; clinical judgment; clinical skills; clarity of case presentation; self-confidence; awareness of own limitations; adaptability; resourcefulness; initiative; intellectual curiosity; knowledge; relationship with faculty, other students and professional staff; performance under pressure; familiarity with the literature.



Typed or Printed Name/Title of Evaluator

Signature of Evaluator/Date