



Jordan University of Science and Technology
Faculty of Medicine
Evaluation Form
Return via email to: leila@just.edu.jo

Rotation/Subject:

Student's Name:

Evaluation Period: from.....to.....

Evaluator's Name:

Fund of knowledge	Unsatisfactory	Satisfactory	Outstanding
Demonstrating knowledge of core topics and various medical resources			
History Taking Skills			
Eliciting a complete medical history			
Physical Examination Skills			
Conducting a complete physical examination			
Clinical Reasoning Ability			
Formulating diagnoses and management plans Data interpretation			
Team Relationships			
Working effectively with healthcare team			
Attitude & Professionalism			
Personal qualities and motivation to learn			

Please comment on the student's areas of strength and areas of weakness (if any):

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FINAL GRADE:

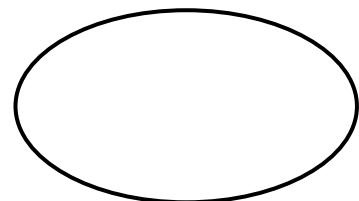
FAIL ☐ **PASS** ☐

Evaluator's Signature

Department: _____

Hospital Name: _____

Date: _____



Hospital Stamp :