DATA BASE: EVALUATION

Student (MS2) Name:  
Initials Of Patient:  
Hospital/Clinic:  

Please review write up, give student oral feedback, sign and date this form.

Facilitator:  

Student:  

Return your write up with this completed evaluation form to the PCM 2 Medical Education Coordinator, Les Medley, in the Educational Affairs Office, Bldg. 120 Room 300.

<table>
<thead>
<tr>
<th></th>
<th>Does Not Meet Expectations</th>
<th>Meets Expectations with Concern</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
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<tbody>
<tr>
<td>Legible Handwriting:</td>
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<td>Physical Examination:</td>
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</tbody>
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Additional Comments:  

Facilitator's Signature: ___________________________ Date: __________
MS2’s Signature: ___________________________ Date: __________