

PERSONAL PERFORMANCE REVIEW FORM

Hospital _____

Student's Name _____

Dept. _____

Assessor's name _____

e-mail _____

Evaluation Period From: _____ To: _____

Please score the student on the scale shown. Please note that your scoring should reflect the performance of the student against that which you would reasonably expect at their stage of training as in the final grade of medical school in your country. If you feel have not observed the behavior, please mark "unable to comment". Thank you.

	Below expectation	Borderline	Meets expectation	Above expectation	Well above expectation	Unable to comment
1) Medical interview skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Physical examination skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Clinical judgement skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Presentation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Overall clinical competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Performance	Below Average	Average	Very Good	Excellent	Outstanding
	1	2	3	4	5

What did the student do well? _____

Areas for improvement _____

Could you give a message for the student? _____

_____ Date

_____ Assessor's Signature