



Albert Einstein College of Medicine

Office of the Registrar  
1300 Morris Park Avenue  
Belfer Building, Rm 210  
Bronx, NY 10461

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## External Elective Clinical Grade-Evaluation Form (MD)

### Student Information

Name (Last, First, MI): \_\_\_\_\_ Date: \_\_\_\_\_

### Elective Information

Elective Name: \_\_\_\_\_

Elective/Course Director: \_\_\_\_\_ Location: \_\_\_\_\_

### Evaluation

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

	Exceeds Elective Expectations	Meets Elective Expectations	Needs Remedial Experience	Insufficient Information to Judge
Knows facts				
Understands concepts				
Uses resources (Library, Labs, Records)				
Problem-solving ability				
Verbal communication skills				
Written communication skills				
Technical skills (physical exam, procedures, etc.)				
Relates and works well with others				
Accepts responsibility				
Seeks feedback				
Is motivated and takes initiatives				
Shows good judgement				

Overall Grade (check one): \_\_\_ 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.

**RETURN FORM TO:**

OFFICE OF THE REGISTRAR  
ALBERT EINSTEIN COLLEGE OF MEDICINE  
1300 MORRIS PARK AVENUE, BELFER 210  
BRONX, NY 10461  
PHONE: (718) 430-2102 FAX: (718) 430-4123 [Einstein-MDregistrar@einsteinmed.org](mailto:Einstein-MDregistrar@einsteinmed.org)

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_