



Albert Einstein College of Medicine

Office of the Registrar
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Reading and Research Electives Evaluation Form (MD)

Evaluation of Performance and Professional Attributes

Student Name: _____ Banner ID Number: _____

Reading Elective _____ Research Elective _____

Title: _____

Location: _____ Dates: _____

Evaluator(s): _____

Please select the description that sums up the performance of this student:

Failure	Pass
_____ Student did not meet the expectations of this elective	_____ Student met the expectations of this rotation, including submission of a written summary or presentation of work.

SUMMARY COMMENTS (suggested for MSPE) Be sure to capture compliance and performance for all required and evaluated effort (e.g., comments regarding a written summary or presentation of work performed during block, professional behavior, competence, attendance, etc.):

Evaluator signature: _____ Date: _____

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
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