



Albert Einstein College of Medicine

Office of the Registrar  
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[Einstein-MDregistrar@einsteinmed.edu](mailto:Einstein-MDregistrar@einsteinmed.edu)

## Classroom Elective - Evaluation of Student Performance and Professional Attributes (MD)

Student Name: \_\_\_\_\_ Banner ID #: \_\_\_\_\_

Elective Title: \_\_\_\_\_ Dates: \_\_\_\_\_

Evaluators: \_\_\_\_\_

### Evaluation

	<b>Does Not Meet Expectations</b>	<b>Meets Expectations</b>	<b>Exceeds Experiences</b>	<b>N/A</b>
Is an active participant in class discussions	Does not actively participate in most sessions. Does not foster peer participation.	Active participant in most sessions. Occasionally engages peers to participate.	Active participant in all sessions. Frequently Engages peers to participate.	
Demonstrates sufficient preparation for teaching sessions	Is not prepared for class sessions.	Is prepared for most sessions.	Is prepared for all sessions.	
Knowledge	Demonstrates insufficient or inaccurate understanding of course content.	Demonstrates acceptable understanding of course content.	Demonstrates exceptional understanding of course content.	
Utilizes feedback to improve performance	Does not accept constructive feedback. Does not demonstrate improved performance based on feedback.	Accepts constructive feedback most of the time. Demonstrates some ability to improve performance based on feedback.	Accepts constructive feedback openly. Demonstrates ability to improve performance based on feedback.	
Demonstrates compassionate, professional and ethical behavior	Does not demonstrate compassionate, professional or ethical behavior.	Demonstrates compassionate, professional and ethical behavior.	Is a model student in demonstrating compassionate, professional and ethical behavior.	
Completing work	Does not complete required work in a timely or competent manner.	Completes work in a timely and competent manner most of the time.	All work is submitted in a timely manner. Work is completed competently.	

**SUMMARY COMMENTS** (suggested for MSPE) Be sure to document performance for all required and evaluated activities, including comments on written summaries or presentations of work completed during the block, achievement of learning goals, professionalism, and attendance.

**CONSTRUCTIVE COMMENTS** (optional—not included in MSPE)

**Overall Assessment**

Failure	Pass
____ Student did not meet the expectations of this elective	____ Student meets the expectations of this elective

\_\_\_\_ I attest that no conflict of interest exists in evaluating this student.

Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Final evaluations must be submitted to the Registrar's Office no later than 4 weeks after the end of the rotation.**

**PLEASE RETURN THE COMPLETED FORM TO [Einstein-MDRegistrar@einsteinmed.edu](mailto:Einstein-MDRegistrar@einsteinmed.edu).**

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