

Neuro5000 Mid-Rotation Feedback

Student Name: _____

The student is responsible for getting feedback from his/her supervising attending at the midpoint of the rotation. The student must return this form to the clerkship coordinator no later than the end of the 4th week of the rotation for the clerkship director to review.

Off-Campus Preceptor: _____ Received Feedback Y N N/A

Outpatient Attending: _____ Received Feedback Y N N/A

Inpatient Attending: _____ Received Feedback Y N N/A

Review of Performance:

Category	Unacceptable	Below Expectations	Meeting Expectations	Exceeding Expectations
History & PE				
Presentations				
Written Notes				
Knowledge				
Professionalism				

Specific Suggestions for Improvements:

Student Goals:

Student Signature/Date: _____

Attending Signature/Date: _____

Clerkship Director Signature/Date: _____