

Surgery Subspecialty Student Grading Form

Surgery 5000

STUDENT NAME:				DATE:	
SUBSPECIALTY EVALUATION	Not Observed	Unacceptable	Below Expectations	Meets Expectations	Exceeds Expectations
History & P.E.					
Knowledge					
Interest in Learning					
Professionalism					
Oral Communication					
Written Notes					
“R-I-M-E” (<i>circle appropriate description</i>)			Reporter	Interpreter	Manager/Educator

➡ Sign and comment on reverse side

Comments about the Student's Performance:
(required - please discuss with student)

Signature (Please sign legibly)

**Student must return or fax copy to: Grace Piaia (BI-4070 or
Fax to 706-721-1047)**