ELECTIVE CLERKSHIP
STUDENT EVALUATION OF FACULTY

Your Name: _______________________  Faculty Name: _______________________

Your UFID: _______________________  Clerkship/Rotation: _______________________

Please scan or take a picture of the completed form and email it to UFMedEdEvals@AHC.UFL.EDU

Your overall rating of this clinical faculty:

Poor  Fair  Good  Very Good  Excellent

Provided direction and feedback effectively:

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

Promoted your understanding of evaluating and managing patients:

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

Demonstrated sensitivity to patients, family and members of the care team:

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

Please comment on the following: a) specific strengths of this clinical faculty; b) specific weaknesses of this clinical faculty; c) suggestions for improvement. Please be thoughtful, professional and constructive in your feedback: You may also type your comments in the body of the email when you submit the form.

Communication of ideas and information:

Poor  Fair  Good  Very Good  Excellent

Respect and concern for students:

Poor  Fair  Good  Very Good  Excellent

Stimulation of your interest in the subject(s) taught:

Poor  Fair  Good  Very Good  Excellent

Facilitation of your learning:

Poor  Fair  Good  Very Good  Excellent

Enthusiasm for the subject:

Poor  Fair  Good  Very Good  Excellent

Encouraged students to think independently, creatively and critically:

Poor  Fair  Good  Very Good  Excellent