

DATA BASE: EVALUATION

Student (MS2) Name: _____

Co-Facilitator Name: _____

Initials Of Patient: _____

Hospital/Clinic: _____

Co-facilitator (MS4) Please review the student's completed write up. Write pertinent comments and suggestions directly on the write up. Document your evaluation of the MS2's work in the boxes listed below. Give MS2 oral feedback, sign, and date this form.

Facilitator Please review write up, give student oral feedback, sign and date this form.

Student (MS2) Return your write up with this completed evaluation form to the PCM 2 Education Specialist, Les Medley, in the Educational Affairs Office, Bldg. 120 Room 300.

	Does Not Meet Expectations	Meets Expectations with Concern	Meets Expectations	Exceeds Expectations
Legible Handwriting: Appropriate abbreviations				
History of Present Illness: (must include patient perspective)				
Past Medical HX:				
Current Health Status:				
Psychosocial HX:				
Family HX:				
Review Of Systems:				

Co-Facilitator's Signature: _____ **Date:** _____

Facilitator's Signature: _____ **Date:** _____

MS2's Signature: _____ **Date:** _____