DEPARTMENT OF MEDICAL & RESEARCH TECHNOLOGY  
UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE

INTERIM CLINICAL EVALUATION

Student: _____________________________________  Evaluation Date: ________________

Rotation Number: _____________     Affiliate: _________________________________

Discipline _____________________________________________________________________

This assessment is an abbreviated version of the final clinical evaluation. Please refer to that form for detailed descriptions of behavior in the categories below. Circle the number, which corresponds to the student’s performance in each category using the following rating scale as a guide:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td><strong>FAILS TO MEET STANDARDS</strong></td>
<td><strong>BELOW STANDARDS</strong></td>
<td><strong>MEETS STANDARDS</strong></td>
<td><strong>ABOVE STANDARDS</strong></td>
<td><strong>EXCEEDS STANDARDS</strong></td>
</tr>
</tbody>
</table>

1. *Fails to Meet Standards* – Performance is below entry-level expectations. Student does not meet minimum standards. Performance is unacceptable.

2. *Below Standards* – Performance is marginally below entry-level expectations. Student needs to improve to meet minimum standards.


4. *Above Standards* – Consistently meets entry-level expectations and minimum standards. Excels in certain areas. Student has demonstrated a high level of initiative and independent functioning.

5. *Exceeds Standards* – Clearly outstanding. Consistently exceeds entry-level expectations and minimum standards. Student has demonstrated a high level of initiative and independent functioning.
Initiative and Interest

1 2 3 4 5

Responsibility

1 2 3 4 5

Adaptability

1 2 3 4 5

Knowledge

1 2 3 4 5

Technique

1 2 3 4 5

Professional Standards

1 2 3 4 5

GENERAL COMMENTS:

Days Absent _____ Days Made-up _____ Days Tardy____

Evaluated by: ________________________________
Affiliate Signature Title Date

I have reviewed this evaluation and agree with its content:

___________________________________________ Date
Student Signature

Reviewed by _______________________________________
DMRT Program Director Date

http://medschool.umaryland.edu/dmrt/clinical.asp Revised 01/2014