



**University of Maryland, Baltimore School of Medicine
Department of Medical and Research Technology
Medical Laboratory Science Program
Student Mid-Term/ Clinical Contact Report**

Student's Name _____ Evaluation Date _____

Affiliate Name _____ Laboratory Area _____

Circle Rotation 1 2 3 4 Number of late occurrence _____

Please evaluate each student, by circling either Yes/No. Use the descriptors provided for reference.

Interest: (Yes No)

Student is prepared, a self starter, and actively participates in duties

Responsibility: (Yes No)

Student complies with institutional policies, adheres to safety standards and seeks help when appropriate.

Professional Behavior: (Yes No)

Student maintains HIPPA policies, promotes a working atmosphere with other professionals, adheres to scheduling protocols

Knowledge: (Yes No)

Student demonstrates understanding of basic theoretical concepts

Technique: (Yes No)

Student performs tasks at the expected level of a student at this point of the rotation

Rationale must be given for any "No" Responses:

Comments:

Evaluator _____ Date _____

Student _____ Date _____