Competency Evaluation

Student Name: ______________________
Clerkship: ________________________
Evaluator: ________________________
Start Date: ________________________
End Date: ________________________
Rotation Number: ________________________
Site: ________________________

Time Spent with Student:  
☐ Extensive (More than 10 Hours)  
☐ Moderate (4 to 10 Hours)  
☐ Minimal (1 to 4 Hours)  
☐ No Contact (Less than 1 Hour)

Research Skills

For each item in each category, please select. A selection of N/A (not applicable/unable to evaluate) will not impact a student’s final evaluation score.

Student completed regulatory training  
☐ Satisfactory  ☐ Unsatisfactory  ☐ N/A

Student actively participated in the IRB application submission process  
☐ Satisfactory  ☐ Unsatisfactory  ☐ N/A

Student developed the research protocol  
☐ Satisfactory  ☐ Unsatisfactory  ☐ N/A

Student actively participated in acquisition of research data  
☐ Satisfactory  ☐ Unsatisfactory  ☐ N/A

Student performed literature search related to the project  
☐ Satisfactory  ☐ Unsatisfactory  ☐ N/A

Student analyzed the data  
☐ Satisfactory  ☐ Unsatisfactory  ☐ N/A

Student participated in preparation of the manuscript  
☐ Satisfactory  ☐ Unsatisfactory  ☐ N/A

Student presented the research at a scientific meeting  
☐ Satisfactory  ☐ Unsatisfactory  ☐ N/A

Student final report was complete, accurate and relevant  
☐ Satisfactory  ☐ Unsatisfactory  ☐ N/A

Final Grade

Select a final grade: Honors (H), High Pass (HP), Pass (P), Fail (F)
☐ H  ☐ HP  ☐ P  ☐ F

Comments (Required):