

**University of Toledo
ObGyn Clerkship
Formative Feedback Form**

Student Name: _____ Date of Evaluation: _____

Faculty/Resident Name: _____

Student: First complete the self-assessment portion. Then choose an evaluator with whom you have had contact and with whom you will feel comfortable discussing your performance. This is not a grade, rather a tool to help you improve.
Should be filled out at the end of the first and second weeks of your clerkship.

Evaluator: For each of the following criteria, please offer an estimate of the student's performance in that area, by checking the appropriate box. These estimates are not binding and will not be considered into the student's final evaluation. Instead, they will help provide a basis for communication so that the student can focus on specific areas to improve. This form should be returned to the student when you are finished.

Criteria	Self-Assessment				Evaluator-Assessment		
	Needs Improvement	Satisfactory	Not Observed		Needs Improvement	Satisfactory	Not Observed
Patient and Family Communication							
History Taking							
Physical Examination							
Fund of Knowledge							
Medical Problem Solving (Decision making & assessment)							
Oral Presentation							
Written Documentation							
Patient Care							
Technical Skills							
Professional Behavior							

To be completed by the student:

One area I did well: _____

One area I need to work on: _____

To be completed by the evaluator:

One area the student did well: _____

One area the student needs to work on: _____

Student Signature: _____

Evaluator Signature: _____