

Neurology Mid-Clerkship Feedback

Student Name: _____ Evaluator: _____

- How is the rotation going? Poor / Fair / Good / Great / I never want to leave!
- Do you have any feedback for us on what we could do to improve your rotation?

- Have you completed one Bedside Skills Evaluation Form 1 (filled out by attending)
- Has the student received at least 2 evaluations from **Neurology** attending/resident?
(check all that apply):
 - Clerkship Feedback Eval 1 (by attending/resident)
 - Clerkship Feedback Eval 2 (by attending/resident)
- PBL write-up (JAX) and ppt (GNV): what is your case & question you are looking to answer (reminder: this is due at the end of week 3 in JAX and by week 4 in GNV)

- How far along are you on the Abnormal Physical Finding Checklist?
 - 25%
 - 50%
 - 75%
 - 100%
- Specific feedback given to student:

Student Signature: _____