



Chung Shan Medical University

Clinical Clerkship Evaluation Form

This form shall be completed by the supervisor/clerkship director and passed directly to the students.

Name of Student			
Term (dd / mm / yr)	Start	End	
Department / Specialty			
Hospital / Medical School			

Evaluation (Please check the appropriate box for each item):

	GOOD	SATISFACTORY	POOR
Attendance			
Attitude			
Practice Ability			
Medical Knowledge			
Communication Skill			

Specific comments / Reasons for good or poor achievement:

Evaluator:	
Name	Position
Department / Institution	
Signature	Date

For any inquiries :
School of Medicine, Chung Shan Medical University
No.110, Sec.1, Jianguo N.Rd., Taichung City 40201, Taiwan.
Phone: +886-4-36098752 Email: cs11191@csmu.edu.tw