Preview Evaluation


Student Performance Evaluation

SOMC 236 ACA Preceptor Student Assessment- Mid Year

Student Level

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Evaluation Period: 01/01/2006 - 01/31/2006

Evaluator: Evaluator name

Student: Student name  Email: oasis-support@meded.ucsd.edu

Thank you for taking the time to participate in the Ambulatory Care Apprenticeship. We ask that you complete the following very brief evaluation. The evaluation is used to determine if there are any problems or issues that need to be addressed immediately and to garner feedback from you regarding both the course and your assigned student. At the end of the program, we will send out a final evaluation. Both evaluations are essential in advancing and improving the program for our students. Thank you once again and we look forward to hearing from you.

Felipe Eddie Zatarain

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The Office for Educational Development and Evaluation staff are here to assist you should you need any help completing this evaluation. Please email them at meded-oede@ucsd.edu.

1.* Has your student connected with you and your practice?
- Yes
- No

2.* Is your student engaging in his/her learning?
- Yes
- No

3.* Is your student interacting well with patients, staff and yourself?
4. **If you answered NO to any of the above questions or if there are any concerns on your part, please comment:**

5. **ACA Preceptor comments for student:**

6. **At this point of the apprenticeship how would you rate the student overall?**

   - Needs Improvement
   - Competent

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