

**Public Health / Interdisciplinary ASC ~ Due Daily for Clinical Experience  
Faculty Evaluation of Student Clinical Performance**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Faculty Name: \_\_\_\_\_

Was the student involved in patient care? Not Applicable= NA  
Yes No

For each patient, did the student:  
Perform a *focused* H & P? Yes No

Choose an appropriate intervention for the patient? Yes No NA

Were the student's presentations organized and concise? Yes No NA

Did the student mentor or instruct lower level students on topics relevant to primary care? Yes No

Did the student perform any in-office procedures? Yes No

Did the student apply appropriate decision-making when ordering laboratory studies or imaging? Yes No NA

Did the student perform phlebotomy? Yes No

Comments:

Faculty Signature: \_\_\_\_\_

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