

Student will be evaluated on each of the following: (please check those that apply)

- quality of care given (including clinical judgment)
- the number of patients given care
- participation and performance in conferences
- level of knowledge (including new knowledge)
- level of skills
- other (please specify) _____

Methods to be used in student evaluation include: (please check those that apply)

- observation of performance by faculty
- observation of performance by house officers
- assessment of write-ups/reports
- written/oral tests
- other structured skills testing
- other (please specify) _____

Description of experience: (attach separate sheet if needed)

UMMS CLERKSHIP DIRECTOR MUST COMPLETE

Section to be completed by Departmental Clerkship Director

By signing this form I approve this elective for _____ ng amount of credit from the University of Michigan Medical School. Clerkship Directors must check one of the three spaces below (meets clinical, non-clinical, or research credit).

clinical (50% or > patient care) non-clinical (< 50% patient care) research only credit

CLERKSHIP DIRECTORS – PLEASE CHECK TYPE OF CREDIT ABOVE BEFORE RETURNING THIS FORM

Endorsed by (print Clerkship Directors name):

Clerkship Director's Signature: _____ Date: _____

Please return to:

Scheduling Team
Office of Medical Student Education
6310 Taubman Health Sciences Building
Email: clinicalsscheduling@umich.edu
Fax: [734-936-3510](tel:734-936-3510)

FOR OMSE USE ONLY

Course Title Assigned _____

Catalog Number _____ Course ID _____