



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)

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### 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:

Gretchen Aland, Scheduling Coordinator  
Office of Medical Student Education  
6310 Taubman Health Sciences Building  
Email: [gretchea@umich.edu](mailto:gretchea@umich.edu)  
Phone: 734-763-7184  
Fax: 734-936-3510

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### FOR OMSE USE ONLY

Course Title Assigned \_\_\_\_\_

Catalog Number \_\_\_\_\_ Course ID \_\_\_\_\_