

**Tel Aviv University  
Sackler Faculty of Medicine**

**Elective Evaluation Form for Students in Department of \_\_\_\_\_**

**University:**

**Course Number 01116974**

Country & City of Elective: \_\_\_\_\_

**Student's Name** \_\_\_\_\_

**ID NUMBER** \_\_\_\_\_

(First)

(Family)

**4 year program:** 3 / 4

**6 year program:** 4 / 5 / 6

Dates of Elective \_\_\_\_\_

Hospital \_\_\_\_\_

Name of Head of Department \_\_\_\_\_ Name of Tutor \_\_\_\_\_

Please evaluate the student by the following criteria.

Personal Evaluation	Grades					
Communication with patients	40	50	60	70	80	90
Motivation	40	50	60	70	80	90
Communication with medical staff	40	50	60	70	80	90
Participation in department activities	40	50	60	70	80	90

**Grade 1 (40 - 100)**

Knowledge & Skill	Grades					
General knowledge in medicine	40	50	60	70	80	90
Taking Medical History	40	50	60	70	80	90
Physical Examination	40	50	60	70	80	90
Differential diagnosis, Planing a treatment	40	50	60	70	80	90
Clinical problems solving	40	50	60	70	80	90
Self studying and clinical implementation	40	50	60	70	80	90

**Grade 2 (40 - 100)**

**General Assessment (Mandatory Field)**

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**Signature & stamp of head of department** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please note each grade constitutes 50% of the final grade in the student's election evaluation

**For use of the students' secretariat**

**Final Grade:**

This evaluation form should be given to the students with the end of his elective, who should submit it to the students' secretariat

100
100
100
100

100
100
100
100
100
100
