The Department of Family and Community Medicine
The Family and Community Medicine Clerkship

Mid Rotation Feedback Form

Student's Name: _____ Clinical Site: _____

Instructions: Use this form to give the student formative feedback (i.e., facts) based on your observations on clinical performance at the clerkship's mid-point. Please discuss your comments with the student while you complete it, have the student sign the completed form, and fax the form to the number listed below. ***__This form is for formative feedback only and will not be placed in the student's grade letter.__**

Comments About This Student (Required)

A. Please comment on the student's performance.

B. Please recommend ways the student can improve.

Rater's contact hours with student: (check one) ☐ 0-8 hours ☐ 12-16 hours ☐ 16 or more hours

Rater's Printed Name: _____ Student's Signature: _____

Rater's Signature: _____ Date form was signed by the student: _____

Please fax the completed and signed form to 210-567-2443.