



Report of Performance – International Elective

Part A: TO BE COMPLETED BY THE STUDENT

HOME INSTITUTION: _____

STUDENT NAME: _____

ROLL NO.: _____

YEAR OF GRADUATION: _____

COURSE: _____

HOST INSTITUTION: Kasturba Medical College, Manipal

LOCATION OF ELECTIVE: _____

DATES: _____

DEPARTMENT: _____

Part B: TO BE COMPLETED BY THE EVALUATOR

It is required that this form be completed by a faculty member who has supervised the student during the clinical elective. We would appreciate your candid evaluation of the student's performance. Attach an additional sheet or letter if necessary.

NAME OF EVALUATOR: _____

DESIGNATION: _____

MEDICAL SCHOOL/ HOSPITAL: _____

EMAIL ADDRESS: _____

TELEPHONE NO.: _____

How long and in what capacity have you known the student?



STUDENT NAME: _____

Please evaluate the student relative to other medical students whom you have known in similar capacity:

	Outstanding	Above expected performance	Expected Performance	Below Expected Performance	Unable to assess
Medical Knowledge					
H & P Skills					
Written Expression					
Oral Expression					
Initiative					
Interpersonal Relations					
Professionalism					
Dependability					
Overall Performance					

Additional Comments (Attach a sheet if necessary):

Print your name: _____ Signature: _____ Date: _____

Please return **directly** to: smc.kmcmanipal@manipal.edu / office.kmc@manipal.edu