

**Uniformed Services University of the Health Sciences
School of Medicine**

**Clerkship Medical Student Assessment
Mid-clerkship Progress Report**

Student Name: _____ **Clerkship:** _____

Clerkship Dates: _____ **Clinical Site:** _____

This form should be used to document Mid Clerkship feedback to the student

	Needs Improvement	Meets Expectations	Exceeds Expectations
History/Interviewing Skills			
Physical Exam Skills			
Written Communication			
Oral presentations			
Fund of knowledge			
OR interactions			
Interpersonal skills			
Professionalism			

"Field Journal" reviewed

Specific Recommendations for improvement:

Student Signature: _____ Date: _____

Clinical Coordinator Signature: _____ Date: _____