



中國醫藥大學

School of Medicine, China Medical University

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Clinical Clerkship Evaluation Form

To be completed by the supervisor at the end of the clerkship

Name of Student:

Host School/Hospital:

Department:

Period: From / / To / / (Total Weeks)

	Excellent	Good	Satisfactory	Fair	Poor
Clinical Skills					
Medical Knowledge & Thinking Process					
Attitude					
Communication Skills					
Adherence to Medical Ethics					
Attendance & Punctuality					
Overall Impression					

Comments:

Supervisor:

Date: