



UNMC Physician Assistant Program Mid-Term Clerkship Evaluation

Instructions: Please have the preceptor complete and sign this form at the mid-point of each rotation. Have the preceptor evaluate your performance up to this point in the rotation for all the areas listed, make any comments that he or she wishes, and have the preceptor sign the form. **Please sign and return the form to the Program as soon as possible after completion.**

Student: _____

Clerkship: _____

Preceptor: _____

Rotation Dates: _____

	Superior	Above Average	Average	Below Average	Poor	N/A
Medical Knowledge						
Differential Diagnosis						
Therapeutics						
History & Physical exam skills						
Organization and Case Presentation Skills						
Writing Skills						
Professionalism and Professional Attributes						

Additional Comments: _____

I have discussed this form with the student: Yes No

Date of Evaluation: _____

Preceptor's Signature: _____

Please send completed evaluations to via email at paclinical@unmc.edu or via fax at 402-559-7996.