Baylor College of Medicine

ELECTIVE/SELECTIVE EVALUATION

[One (1) per Elective/Selective ONLY]

Name of Student: _____ StudentID: _____

Dept/CRS ID: _____ Elective Course Name: Texas Children's Hospital - Anesthesiology

Course Start/End Dates: _____ Credits: _____

Type: Clinical ☑ Clinical Research ☐ Lab Research ☐

Grade: Honors ☐ High Pass ☐ Pass ☐ Marginal Pass ☐ Fail ☐

MSRT (Medical Student Research Track): Pass* ☐ Fail* ☐

Please make detailed written comments - **SUBJECTIVE COMMENTS ARE REQUIRED FOR ALL ELECTIVES/SELECTIVES.** If parts are not applicable so indicate:

ATTENDANCE:

INDUSTRY:

ABILITY TO DEAL WITH PATIENTS:

QUALITY OF PATIENT WORKUPS AND PRESENTATIONS:

FUND OF KNOWLEDGE:

ACCEPTANCE OF RESPONSIBILITY:

LEVEL OF PROFESSIONAL MATURITY:

ATTITUDE:

ABILITY TO ACCEPT CRITICISM:

ESTIMATE OF THE INDIVIDUAL FOR A POSITION AS A HOUSE OFFICER IN OUR PROGRAM:

EXTENT OF CONTACT WITH THE STUDENT:

COMMENTS:

HAS EVALUATION BEEN DISCUSSED WITH STUDENT: YES ☐ NO ☐

FACULTY MEMBER SIGNATURE:_____ DATE:_____

RETURN THIS FORM BY EMAIL (AS AN ATTACHMENT) TO REGISTRAREVALS@BCM.EDU. ALL GRADES SHOULD BE SUBMITTED NO LATER THAN TWO (2) WEEKS AFTER COMPLETION OF THE ELECTIVE/SELECTIVE.

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