SUMMARY OF STUDENT ELECTIVE PERFORMANCE

Student _______________________________ Grad Year _____________ Campus: ________________
Student’s Advisor ___________________________________ Foundation/Clerkship ________________
Primary Supervisor’s Name ___________________________ Title of Elective__________________________
Primary Supervisor’s Address _________________________ Elective Dates ____________________________
(Hospital Name) __________________________________ Total Number of Weeks _______________________

Elective Supervisor Contribution (please list each supervisor and the total percentage of time spent supervising)

<table>
<thead>
<tr>
<th>Supervisors’ Name</th>
<th>% of Total Elective Time</th>
<th>Supervisors’ Name</th>
<th>% of Total Elective Time</th>
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Describe how well the specific objectives were achieved by the student

I. Problem Solving Ability
   Knowledge and Critical Thinking Ability (include assessment of appropriate skills, e.g. clinical skills, laboratory skills)

II. Professional Qualities

III. Self-Directed Learning

IV. A. Student’s Special Strengths
   B. Areas Requiring Attention

V. Overall Decision
   One box MUST be Checked
   Satisfactory ☐ *Provisional Satisfactory ☐ *Unsatisfactory ☐ *Incomplete ☐

   *provide details on reverse

Student’s Signature _______________________________ Supervisor’s Signature / Stamp _______________________________
Electives Chair Signature __________________________ Date __________________________

Date __________________________ Date __________________________

Michael G. DeGroote
SCHOOL OF MEDICINE