



Faculty of Health Sciences  
 1280 Main Street West, MDCL 3101  
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\*PLEASE SUBMIT TO ELECTIVES OFFICE  
 WITHIN 30 DAYS OF ELECTIVE COMPLETION

### 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)**

Supervisors' Name	% of Total Elective Time	Supervisors' Name	% of Total Elective Time

**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 \_\_\_\_\_

