

U.S. ARMY HEALTH PROFESSIONS SCHOLARSHIP AND ROTC STUDENT PERFORMANCE EVALUATION

THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974

1. **AUTHORITY:** 10 USC 3012; 10 USC 4301; Executive Order 9397
2. **PRINCIPLE PURPOSE:** To evaluate performance during Clerkship Training (*CT*) / Active Duty Training (*ADT*)
3. **ROUTINE USES:** To evaluate and document performance. SSN is used for identification purposes.
4. **MANDATORY OR VOLUNTARY DISCLOSURE:** Voluntary. However, failure to provide evaluation may result in nonconsideration for graduate professional education.

1. Name and SSN of Student.	2. <input type="checkbox"/> HPSP <input type="checkbox"/> ROTC <input type="checkbox"/> CIV	3. Academic Year Level in School.				
4. Professional School Attended.	5. Dates of Rotation / Training From To Yr					
6. Description of Rotation / Training.						
7. Department / Service.	8. Army Hospital / Training Location					
<i>Check appropriate rating category. For rating descriptions see below.</i>	0	1	2	3	4	5
9. Quality of patient histories, physical examination and record.						
10. Skill in oral care presentation (<i>brevity, organization, focus on important elements</i>).						
11. Ability to analyze data, formulate problem lists / differential diagnoses / management plans and make clinical judgments.						
12. Use of textbooks and journals to expand clinical / medical knowledge.						
13. Facility in performing procedures.						
14. Professional demeanor and ethical conduct.						
15. Interpersonal relationships with staff, peers and patients.						
16. Demonstration of, commitment to, responsibility for, and involvement in learning and patient care; including promptness and availability.						
17. General appearance, bearing and apparent physical fitness.						
18. Overall evaluation of clinical performance.						
<u>RATING DESCRIPTIONS.</u> 0 – NOT OBSERVED. No basis on which to rate. MAY NOT BE USED FOR 6, 7, OR 8. 1 – UNACCEPTABLE. Has not demonstrated the expected level of performance or the potential to do despite counseling on this deficiency. 2 – NEEDS IMPROVEMENT. Has not demonstrated the expected level of performance, but has shown the potential to do so. 3 – AVERAGE. Meets expected level of performance based on student’s level of training. 4 – ABOVE AVERAGE. Exceeds expected level of performance based on student’s level of training. 5 – OUTSTANDING. Indicates exceptional performance considering the student’s level of training. ** Outstanding, needs improvement and unacceptable ratings must be justified with specific descriptions of exceptional or inadequate performance.						

19. Evaluation of Fund of Knowledge (*indicate assessment method and scores, or narrative*).

20. Narrative Description of Overall Performance (*required for all students*).

21. This report was discussed with the student on (*date*):

22. A copy of this report had been provided to the student.

Yes

No

23. Signature (*Rater*).

24. Date.

25. Title.

26. Signature (*Chief, Department / Service*).

27. Signature of Student.