

N83A Pediatric Mid-Course Evaluation

Name _____

Student

Student comments (strengths and weaknesses)

Student _____

Date _____

Instructor

Student is meeting expectations for clinical objectives.
(Instructor to initial)

Yes _____ No _____ Unable to determine _____

Reflections

- 1.
- 2.
- 3.

PIs

- 1.
- 2.
- 3.

Comments (required if answered “no or unable to determine”)

Instructor _____

Date _____