



Clinical Student Evaluation Form

2024/2023

Student Name: _____ Student ID: _____

Communication skills and knowledge	5 %	
Attendance and general appearance of the student	5 %	
Patient History Taking (2 History Per Week) and examination skills	5 %	
Patient Examination skills	5 %	
End-Rotation MCQS Exam	5 %	
End-Rotation Mini-OSCE Exam	5 %	
Total 30%	30 %	

Course Name: _____

Date: from _____ to _____

Course Instructor Name: _____

Signature: _____

Head of the Course Department Name: _____

Signature: _____

Instructor Note:

Head of the Course Department Note:

