

MEDN 701 – Internal Medicine Clerkship
Clinical Evaluation
Loma Linda University School of Medicine

Student Name: _____

Site: _____ Block: _____ Rotation Dates: _____

Senior Resident/Intern: _____

Please list the student strengths:

Ways student can improve. Specific behavior to work on during the rotation.

Other comments:

Resident/Evaluator met with Student and gave Feedback (please select): Yes / No

Student Signature: _____ Date: _____

Sr. Resident/Evaluator Signature: _____ Date: _____

Evaluation to be returned to IM Clerkship Coordinator (hand deliver/emailed) for student file
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