

Name and First name student:	Year : 2nd – 3rd year master
Name Clinical supervisor/Chief of service :	Period (month and year) :
Name Hospital and unit:	

Average working hours during clerkship period: Participation in on-call duties (if yes, how many)?: Opting out yes/no Number of days leave of absence : Number of days absence due to illness :	Clerkships are fulltime. The student has a maximum of 5 days leave of absence per month.
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<u>Final evaluation</u>	
Professional knowledge (Includes theoretical knowledge and skills) Appreciation: Exceptional / Excellent / Average / Below average/ Sufficient but several minor weaknesses / Insufficient / Unacceptable	Pass / fail
Professional attitude (Includes Motivation, Participation, Interest, Attitude towards patients and coworkers, ...) Appreciation: Exceptional / Excellent / Average / Below average/ Sufficient but several minor weaknesses / Insufficient / Unacceptable	Pass / fail

Names of clinical tutors other than supervisor:

Comments from the clinical supervisor(s) regarding the student's items for improvement, strengths and weaknesses

Student's name and signature

Senior Clinical Supervisor's name, seal and signature

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Please send the completed form to the Faculty office by mail (p/a Faculteitssecretariaat, Laarbeeklaan 103, 1090 Brussels, Belgium) fax (02/477.41.10) or e-mail (stagegk@vub.ac.be) for rapid processing. The completed form should be submitted within the month following the last day of the clerkship.