# STUDENT EVALUATION FORM

**Student Name:**

**Supervisor:**

? Other

**Date:**

**Facility:**

? Other

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## Active Participation in Tasks

- Below Average  
- Average  
- Above Average  

**Comments:**

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## Effective Use of Time

- Below Average  
- Average  
- Above Average  

**Comments:**

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## Completion of Assigned Tasks

- Below Average  
- Average  
- Above Average  

**Comments:**

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## Proper and Careful Use of Equipment

- Below Average  
- Average  
- Above Average  

**Comments:**

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## Self-Motivation

- Below Average  
- Average  
- Above Average  

**Comments:**

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## Respect for Patient’s Right to Privacy

- Below Average  
- Average  
- Above Average  

**Comments:**

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## Cooperation

- Below Average  
- Average  
- Above Average  

**Comments:**

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## Grasp of Knowledge

- Below Average  
- Average  
- Above Average  

**Comments:**

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## Desire to Learn

- Below Average  
- Average  
- Above Average  

**Comments:**

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## Professional and Ethical Behavior

- Below Average  
- Average  
- Above Average  

**Comments:**

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## Preparedness

- Below Average  
- Average  
- Above Average  

**Comments:**

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## Professional Presentation

- Below Average  
- Average  
- Above Average  

**Comments:**

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## Points System:

- Below Average  = 2 points  
- Average  = 3 points  
- Above Average  = 4 points  

**TOTAL:**  

\[
\frac{\text{Below Average} + \text{Average} + \text{Above Average}}{48} \times 100 = \text{______}%
\]

**Supervisor Signature:**

__________________________  
**Date:** ____________________

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**Medical Physics**  
**Program**  
**Clinical Rotation Course**  
**FORM A – STUDENT EVALUATION FORM**