**University of Michigan Psychiatry Clerkship**

**Mid-Clerkship Feedback Form**

Student Name:

Mid-clerkship Feedback Faculty Evaluator:  # Core Conditions met:

Date of Mid-Clerkship Feedback:       # CLTP Entries:

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| --- | --- | --- | --- |
| *Please comment on strengths and areas for development for each of the following domains* | Student Reflections | Preceptor Feedback(document verbal feedback, along with last name of preceptor) | Educational Goals(to be completed during mid-clerkship feedback session) |
| **Knowledge**(e.g, psychopharmacology, diagnostic criteria) |  |  |  |
| **Skills**(e.g., history-taking, communication, mental status exam, interpreting clinical information, formulating assessment and plan, oral case presentation) |  |  |  |
| **Attitudes** (e.g., professionalism, work ethic, teamwork, punctuality) |  |  |  |

[ ]  To date, the student is performing satisfactorily and there are no professionalism concerns.

Student’s Signature: Faculty Evaluator’s Signature: