MENTOR’S EVALUATION OF STUDENT
(please print)

Student: ___________________________  Mentor: ___________________________
International Site: ___________________  Dates of Visit: ___________________

Please rate student using following scale:
5 = Excellent; 3 = Good; 1 = Poor; 6 = Not applicable

1. Medical knowledge and management of patients.
   Rating:____
   Comments:

2. Relationship with other members of medical team (professionalism).
   Rating:____
   Comments:

3. Initiative and commitment
   Rating:____
   Comments:

   Rating:____
   Comments:

5. Overall assessment.
   Rating:____
   Comments:

Mentor’s signature/date