**Evaluation Sheet (1/3) for International Clinical Clerkship**

**College of Medicine Hanyang University, 222 Wangsimni-ro, Seongdong-gu,**

**Seoul, 04763, Korea**

**Tel. +82-2-2220-1841**

[**www.hanyang.ac.kr**](http://www.hanyang.ac.kr/)

# Student Name：

Period of Clerkship :

* Evaluation table for students (Please check in the □ Box)

|  |  |  |
| --- | --- | --- |
| ` |  | **Rating Scale** |
| **Category** | **Evaluation Criteria** |
| **A** | **B** | **C** | **D** | **F** |
|  |  |
| Attendance (10) | Attendance was without falling into the hands | * No absence
 | * 1-2 times of absence
 | * 3-4 times of absence
 | * 5-6 times of absence
 | * >7 times of

Absence |
| Attitude (20) | Have shown cleanappearance & demeanor for the program | * Very good
 | * Good
 | * Average
 | * Not so

much | * Not at all
 |
| Actively participated inpractice session. | * Very good
 | * Good
 | * Average
 | * Not so

much | * Not at all
 |
| Have shown aresponsibility during the practice session | * Very good
 | * Good
 | * Average
 | * Not so

much | * Not at all
 |
| Relationship withcolleague | * Very good
 | * Good
 | * Average
 | * Not so

much | * Not at all
 |

**Evaluation Sheet (2/3) for International Clinical Clerkship**

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# Student Name：

Period of Clerkship :

* Evaluation table for students (Please check in the □ Box)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Performance Rate (20) | Have taken fulladvantage of the personal knowledge during the course | * Very good
 | * Good
 | * Average
 | * Not so much
 | * Not at all
 |
| Have responded withappropriately during the problem situation | * Very good
 | * Good
 | * Average
 | * Not so much
 | * Not at all
 |
| Have shown thecreativity during the practice session | * Very good
 | * Good
 | * Average
 | * Not so much
 | * Not at all
 |
| Have shown successfulperformance rate with the curriculum that was given during the practice session | * Very good
 | * Good
 | * Average
 | * Not so much
 | * Not at all
 |

**Evaluation Sheet (3/3) for International Clinical Clerkship**

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Student Name：

Period of Clerkship :

* Evaluation table for students (Please describe your opinion)

|  |
| --- |
| 3. Excellency: |
| 4. Things to be improved: |
| 5. Overall rating of the student: |

|  |  |  |
| --- | --- | --- |
| Name of the advisor: | (sign) | Date： |
| Title： Department：**Email address of advisor (Mandatory)**: |  |  |