

Community Medicine Experiences Report Form I
Due Week 6

Name: _____ Preceptor: _____

Date of Experience: _____ Clerkship Dates: _____

Agency Name: _____ Phone Number: _____

Agency Mission: _____

Supervisory Person: _____ Title: _____

Brief Description of What You Did: _____

Brief Description of What you Learned: _____

Your Evaluation of the Experience:

Was the Experience Worthwhile? _____

Overall Rating of the Experience: _____ (use the key below)

5=outstanding, 4=highly satisfactory, 3=satisfactory, 2=poor, 1=unacceptable

General Comments:

Strengths: _____

Weaknesses:

Would you recommend this experience to students in future clerkship modules? _____

Community Medicine Experiences Report Form II
Due Week 6

Name: _____ Preceptor: _____

Date of Experience: _____ Clerkship Dates: _____

Agency Name: _____ Phone Number: _____

Agency Mission: _____

Supervisory Person: _____ Title: _____

Brief Description of What You Did: _____

Brief Description of What you Learned: _____

Your Evaluation of the Experience:

Was the Experience Worthwhile? _____

Overall Rating of the Experience: _____ (use the key below)

5=outstanding, 4=highly satisfactory, 3=satisfactory, 2=poor, 1=unacceptable

General Comments:

Strengths: _____

Weaknesses:

Would you recommend this experience to students in future clerkship modules? _____