

# Group Facilitator's Assessment of Student

Student's Name: \_\_\_\_\_ Academic Year: 2003-04

Written comments provide important feedback to your students and are a **required** part of this evaluation.

**Comments:**

Strengths:

Opportunities for improvement:

Other Comments:

**Small Group Grade:** High Pass ? Pass ? Minimal Pass ? Needs Remediation ?

Indicate what remediation is needed:

**Attendance:**

Dates						
Attendance (Circle one for each day)	P A L E	P A L E	P A L E	P A L E	P A L E	P A L E

*P = Present and on time*

*A = Absent*

*L = Late (> 10 minutes)*

*E = Excused absence or late*

**Evaluator's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

*When complete, fax to Diane @ 829-2933 or send to Dept. of Family Medicine, University at Buffalo, 197 Farber Hall, Buffalo, NY 14214-8001. If you have questions, call Diane at 829-3800 or page Dr. Holmes @ 459-4390. Thank you!*