



Faculty of Medicine

UNIVERSITY OF MANITOBA Summer Early Exposure Evaluation Form

SUPERVISOR'S FORM

\*Due by end of exposure. Complete and return to Elective's Office via e-mail preferred. Contact info at bottom.

Note: The student is responsible to submit completed Supervisor Evaluation Form immediately following last exposure date.

Number of Exposure Hours Completed: \_\_\_\_\_

Student Number \_\_\_\_\_

Student Name \_\_\_\_\_

Supervisor \_\_\_\_\_

Location \_\_\_\_\_

Please evaluate the following criteria:

	Excellent	Very Good	Good	Fair	Poor	Unable to Evaluate
Interest in Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (NOTE: You may continue on back of sheet as needed.)

(a) Student's most outstanding qualities:

(b) Qualities the student should most strive to improve:

Signature \_\_\_\_\_

Date \_\_\_\_\_

Students, Please Return Completed Evaluations one of the following ways:

Drop off at 260 Brodie marked C/O Administrator, Electives
Email: Year1UGME@umanitoba.ca OR Year2UGME@umanitoba.ca
FAX: (204) 789-3929