

**UASOM
Medical Student Progress
Mid-block Report**

Student Name _____

Clerkship _____

Attending/Preceptor _____

Block _____

This report should be filled out by the attending physician or senior resident, reviewed with the student, and a copy returned to the clerkship director. Specific comments regarding areas needing attention and ways for the student to improve are required.

History and Physical Skills Specific comments/examples:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 15%;">Needs Improvement</td> <td style="text-align: center; width: 60%;">Satisfactory</td> <td style="text-align: center; width: 25%;">Exceptional</td> </tr> <tr> <td colspan="3" style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> <td style="text-align: center;">10</td> </tr> </table>	Needs Improvement	Satisfactory	Exceptional				0	1	2	3	4	5	6	7	8	9	10
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Additional Comments:

Preceptor Signature _____

Date _____

Student Signature _____

Date Reviewed _____