4<u>th</u> Year medical students Neurology rotation biweekly evaluation sheet

1<u>st</u> week

Student name   Student university #

Start date   End date

Center   JUH   KHMC

Day / Date	Sunday	Monday	Tuesday	Wednesday	Thursday
Time	Activity /supervisor signature	Activity /supervisor signature	Activity /supervisor signature	Activity /supervisor signature	Activity /supervisor signature
8:00-9:00 am					
9:00-10:00 am					
10:00-11:00 am					
11:00-12:00 am					
12:00-01:00 pm					
1:00-02:00 pm					
02:00-03:00 pm (I medicine lecture)					
03:00-04:00 pm					
Day remarks					

2<u>nd</u> week

Student name   Student university #

Start date   End date

Center   JUH   KHMC

Day / Date	Sunday	Monday	Tuesday	Wednesday	Thursday
Time	Activity /supervisor signature	Activity /supervisor signature	Activity /supervisor signature	Activity /supervisor signature	Activity /supervisor signature
8:00-9:00 am					
9:00-10:00 am					
10:00-11:00 am					
11:00-12:00 am					
12:00-01:00 pm					
1:00-02:00 pm					
02:00-03:00 pm (I medicine lecture)					
03:00-04:00 pm					
Day remarks					

Medical lecture attendance (10%)

Neurology rotation attendance (20%)

Appearance and dress code (5%)

Case sheet preparation (15%)

General performance (50%)

Total rotation evaluation (100%)

Name(s) and signature(s) of evaluator(s)

1)   2)

3)