



Albert Einstein College of Medicine

Office of the Registrar  
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# Reading and Research Electives Evaluation Form (MD)

Evaluation of Performance and Professional Attributes

Student Name: \_\_\_\_\_ Banner ID Number: \_\_\_\_\_

Reading Elective \_\_\_\_\_ Research Elective \_\_\_\_\_

Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Evaluator(s): \_\_\_\_\_

Please select the description that sums up the performance of this student:

Failure	Pass
____ Student did not meet the expectations of this elective	____ Student met the expectations of this rotation, including submission of a written summary or presentation of work.

**SUMMARY COMMENTS** (suggested for MSPE) Be sure to capture compliance and performance for all required and evaluated effort (e.g., comments regarding a written summary or presentation of work performed during block, professional behavior, competence, attendance, etc.):

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Evaluator signature: \_\_\_\_\_ Date: \_\_\_\_\_

Final evaluations must be submitted to the Registrar's Office no later than 4 weeks after the end of the rotation.

**RETURN FORM TO:**  
OFFICE OF THE REGISTRAR  
ALBERT EINSTEIN COLLEGE OF MEDICINE  
1300 MORRIS PARK AVENUE, BELFER 210  
BRONX, NY 10461  
PHONE: (718) 430-2102  
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