

**University of Rochester School of Medicine and Dentistry  
Evaluation Form for MD/PhD Longitudinal Clinical Experience**

**Please Return to:**

Registrar's Office  
URMC – 601 Elmwood Ave, Box 601  
Rochester, NY 14642  
**FAX** (585) 273-1016

Student: \_\_\_\_\_

Preceptor: \_\_\_\_\_

**Student (please complete the following):**

Academic year LCE completed during: \_\_\_\_\_

Check one: I completed the:  
full-year (40-52 weeks) \_\_\_\_\_ clinical assignment  
half-year (20-26 weeks) \_\_\_\_\_ clinical assignment

Start date (mm/dd/yy): \_\_\_\_\_

End date (mm/dd/yy): \_\_\_\_\_

In the space below, **first** comment on your LCE, and then give the form to your preceptor:

**Faculty: Please complete the following:**

Grade (circle one): Satisfactory Unsatisfactory

1. Please comment briefly on the student's professionalism and enthusiasm for learning.
2. Did the student complete the number of sessions listed above at your office (actual attendance for the minimum of 20 (half-year) or 40 (full-year) sessions)?  
Yes            No
3. Please comment on the student's participation and potential as a future clinician in the space below and on the back of this page if necessary.