

**OHIO UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE  
COMMUNITY EXPERIENCE EVALUATION FORM**

**Student Name:** \_\_\_\_\_

**Circle One:** MS Year I or II                      CPC or PCC                      **Quarter:** Fall Winter Spring

**Name of Organization Assigned for Community CCE:** \_\_\_\_\_

**Instructor' Name (please print):** \_\_\_\_\_                      **Date of CCE:** \_\_\_\_\_

**INSTRUCTOR:** Please complete this evaluation form, sign and return it to the student or fax it to the CCE Office at (740) 593-2161. Document and explain to the student if improvement is recommended.

(Circle One)                      **S = Satisfactory**                      **M = Marginal**                      **U = Unsatisfactory**

**S    M    U**

**1. INTERPERSONAL SKILLS:**

Introduced self to patients, preceptor and staff and properly addressed/approached them; courteous.

**S    M    U**

**2. MOTIVATION TOWARD LEARNING:**

Exhibited interest; completed reading assignment as required; was observant.

**S    M    U**

**3. ATTIRE:**

Dressed in a professional manner as expected.

**S    M    U**

**4. ATTENDANCE:**

Reported on time as scheduled or notified appropriate personnel of illness/delay.

**S    M    U**

**5. PROFESSIONAL BEHAVIOR:**

Reliable, adaptable, maintained patient confidentiality, etc.

**Instructor's comments:** \_\_\_\_\_

\_\_\_\_\_

**Instructor's Signature**

**Date**

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**STUDENT:** *At the end of your CCE, unless the preceptor intends to fax the form, please return it to: the CCE Office in GROSVENOR 228. Phone: (740) 593-9300 Fax: (740) 593-2161*