

**Observership Evaluation Form
Attending of Observer**

Evaluator: _____

Evaluation of: _____

Dates of Observership: _____

Please comment on the observer's Medical Knowledge.

Please comment on the observer's Interpersonal and Communication Skills.

Please comment on the observer's Professionalism.

Please comment on the observer's Practice-Based Learning.

Please comment on the observer's Systems-Based Practice.

Please return evaluation form to:
Educational Programs Office (EPO)
Attn: Paula Campion,
Observership Coordinator
UH, Room 5138A

You may send via interoffice mail, drop off in person or scan and email directly to my attention. Thanks!