## Instructions: Penn Med Student is responsible for this form: complete first section, give to your supervisor via email or hard copy. The supervisor should send the completed evaluation to Maria Cortese Hering via email or via the student in sealed envelope.

**Perelman School of Medicine**

Center for Global Health

240 John Morgan Building

3620 Hamilton Walk

**Phone: 215.898.0848 | Email: globhlth@pennmedicine.upenn.edu**

## *This section to be completed by Penn Med Student*

## Penn Med Student Name (Last, First)       MS1 [ ]  MS2 [ ]  MS3 [ ]  MS4 [ ]

## Global Health Experience Title:

## Host Organization:

|  |  |  |  |
| --- | --- | --- | --- |
| Activity/Responsibility of Student | Average Daily Hours Devoted to Activity | # of Days Engaged in Activity | Total Hours *(days x hours)* |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

## *To be completed by Mentor/Supervisor: please complete, print, sign & return via fax, mail, or .pdf email attachment*

## Supervisor/Mentor: Last Name       First Name

##  Degree       Title

## First Day Student Worked with You *(month/day/year)*:

## Last Day Student Worked with You *(month/day/year)*:

*For each of the* ***activities listed in the above table****, please evaluate student:*

|  |  |
| --- | --- |
| **Activity #** | **Student Performance (includes punctuality, level of engagement, cross-cultural communication and understanding) (check one)** |
|  | **Outstanding** | **Very Good** | **Average** | **Below Average** | **Poor** |
|  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
|  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
|  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
|  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
|  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |

*Supervisor/Mentor Signature Official Organization Stamp/Seal*