



INDEPENDENT STUDY SELF-ASSESSMENT FORM AND EVALUATION

Part I (To be completed by the student)

Name _____ Student ID Number **U** _____

Phone _____ Email _____ Period _____ Dept _____

List learning goals (from independent study application form)

1.	
2.	
3.	

List learning objectives (from independent study application form)

1.	
2.	
3.	

List work product created to demonstrate achievement of goals and objectives (from independent study application form)

1.	
2.	
3.	

Please evaluate the extent to which the above goals and objectives were achieved

1.	
2.	
3.	
4.	
5.	

What challenges or obstacles did you experience during this independent study?

Given the opportunity, what would you have changed about this independent study?

What type of follow up from your preceptor would be most useful?

How much do you think you have learned in this independent study as compared to other courses you have taken this year?

How well did this independent study meet your expectations?

Overall, what contributed most significantly to your learning in this independent study? What was the most important feature to retain?

What made your learning in this independent study more difficult?

Student signature	Date
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Part II (To be completed by the preceptor)

Circle one

Evaluation Scale: 1 = Unsatisfactory 2 = Needs Improvement 3 = Expected Level 4 = Exceeds Expectations 5 = Exceptional						
Demonstrates reasonable depth of knowledge	1	2	3	4	5	N/A
Maintains complete and orderly records	1	2	3	4	5	N/A
Demonstrates enthusiasm	1	2	3	4	5	N/A
Contributing member of team	1	2	3	4	5	N/A
Demonstrates realistic appreciation of his/her own competence and limitations	1	2	3	4	5	N/A
Works well with and shows respect for members of the health care team	1	2	3	4	5	N/A
Well organized, analytic	1	2	3	4	5	N/A
Shows good judgment, coherent line of reasoning	1	2	3	4	5	N/A
Demonstrates honesty in admitting errors	1	2	3	4	5	N/A
Obtains confidence and cooperation of patients	1	2	3	4	5	N/A
Takes initiative/works independently	1	2	3	4	5	N/A
Well organized, analytic	1	2	3	4	5	N/A
Accepts direction or criticism comfortably	1	2	3	4	5	N/A
Reliable and responsible	1	2	3	4	5	N/A
Establishes priorities and institutes an appropriate plan of treatment	1	2	3	4	5	N/A
Recognizes an emergency situation and manages it appropriately	1	2	3	4	5	N/A

Comments: (Please specify how grade was determined, including any test scores, and justification for all honors grades.)

Suggestions for improvement:

_____ Evaluator's Name (Please Print)	_____ Evaluator's Signature
_____ Date Signed	