

Student Performance Evaluation

Please send this completed form to:

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Dr. Ludmila Zakasovskaya

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Due Date: _____

Student's Name: _____ **Course:** _____

Criteria of Grading	Excellent "A"	Good "B"	Average "C"	Poor "D"	Failure "F"
Attendance					
Personal appearance					
Quality of work					
Motivation attitude					
Interpersonal skills					
Communicational skills					
Writing preliminary report					
Performing ultrasound protocols					
Total					

Criteria of Grading	%
Attendance	10%
Personal appearance	10%
Quality of work	10%
Motivation attitude	10%
Interpersonal skills	10%
Communicational skills	10%
Writing preliminary report	20%
Performing ultrasound protocols	20%
Total	100%

A	Excellent	100-90%
B	Good	89-80%
C	Average	79-70
D	Poor	69-60
F	Failure	59% and below

Comments: _____

Work Supervisor's Signature: _____

Phone: _____

Date: _____