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**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 objectives and work products (from the independent study application form)**

	Objectives	Work Products
1		
2		
3		

**Please evaluate the extent to which the above 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?**

**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?**

**Do you have any additional comments about this independent study?**

  
  


<b>Student signature</b>	<b>Date</b>
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**Part II (To be completed by the faculty supervisor)**

**Circle one**

<b>Evaluation Scale:</b>						
<b>1 = Unsatisfactory   2 = Needs Improvement   3 = Expected Level   4 = Exceeds Expectations   5 = Exceptional</b>						
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.)

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**Suggestions for improvement:**

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Suggested Grade:     Honors (90-100)     Other (please explain) \_\_\_\_\_  
(Please check one)     Pass with Commendation (80-89)    \_\_\_\_\_  
                                  Pass (70-79)    \_\_\_\_\_

<hr/> <p style="text-align: center;"><b>Evaluator's Name (Please Print)</b></p>	<hr/> <p style="text-align: center;"><b>Evaluator's Signature</b></p>
<hr/> <p style="text-align: center;"><b>Date Signed</b></p>	