ATS EVALUATION

PHYSICIAN OBSERVATION

ATS: _____________________________________ DATE: ____________

PHYSICIAN: _______________________

Dates and times of Observation: _______ __________, ________  ________,
_______ _______, _______ _______, ________ ________, ________ _________

The student named above has just completed the minimum ten (10) hour requirement for
the family practice/team physician rotation at Dr. Mahurin office/ER for Baptist Health
or team orthopedic, Dr. Hartzog/Dr. Walcott with AOS. Please provide us with a brief
evaluation of this student’s performance related to the criteria listed below. Additional
comments related to the student’s performance are welcome. Thank You!

I. Overall, what is your impression of this student?

_______ student demonstrated a high level of interest and involvement; asked lots of
questions
_______ student was interested and generally attentive; asked a few questions
_______ student was present and somewhat attentive, but demonstrated little interest and
involvement
_______ student demonstrated little interest; asked no questions

II. Please rate the student on the following criteria:

KEY: 4= Excellent 3= Good  2= Marginal  1= Unacceptable

<table>
<thead>
<tr>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>Clinical interest/inquisitive</td>
</tr>
<tr>
<td>Appearance</td>
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<tr>
<td>Promptness</td>
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<tr>
<td>Demonstrates active listening</td>
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<tr>
<td>Shows respect for others</td>
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<tr>
<td>Knowledgeable about content</td>
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<tr>
<td>Understands confidentiality</td>
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</tbody>
</table>

Physician Signature: _____________________________________ Date: _______
or

ACI/ CI Signature: _____________________________________ Date: _______