Morgan State University

Medical Technology Program

Student Mid-Term/ Clinical Contact Report

Student’s Name Evaluation Date

Affiliate Name Laboratory Area

Circle Rotation 1 2 3 4 Number of late occurrence

***Please evaluate each student, by circling either Yes/No. Use the descriptors provided for reference****.*

**Interest: ( Yes No )**

Student is prepared, a self starter, and actively participates in duties

**Responsibility: ( Yes No )**

Student complies with institutional policies, adheres to safety standards and seeks help when appropriate.

**Professional Behavior: ( Yes No )**

Student maintains HIPPA policies, promotes a working atmosphere with other professionals, adheres to scheduling protocols

**Knowledge: ( Yes No )**

Student demonstrates understanding of basic theoretical concepts

**Technique: ( Yes No )**

Student performs tasks at the expected level of a student at this point of the rotation

**Rationale must be given for any “No” Responses:**

Comments:

Evaluator Date

Student Date