

**Personalized Clerkship Evaluation Form**

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**Name of Clerkship**

<b>Likes</b>	<b>Dislikes</b>

**Likes/Dislikes Considerations**

- Amount and kind of patient contact**
- Continuity of care**
- Procedures**
- Patient setting (outpatient/ambulatory vs. inpatient/hospitalized)**
- Hours**
- Degree of autonomy**
- Amount of problem-solving**
- Personalities in the specialty**

**Cognitive Appeal:**

**Technical Skills:**

**Lifestyle Issues:**

**Basic Personality:**

**Overall Impressions:**