This student has exhibited exemplary behavior in one or more of the following areas: (circle all that apply)

1. **Self improvement and adaptability**
   a. Acceptance of feedback and constructive criticism
   b. Recognition of limitations and willingness to seek help
   c. Incorporation of feedback
   d. Adaptability to change
   e. Maintaining professional composure in stressful situations

2. **Relationships with students, faculty, staff and patients**
   a. Establishing rapport
   b. Placing the needs of patients ahead of personal needs
   c. Establishing and maintaining appropriate boundaries in work situations
   d. Maintaining respectful and courteous manner with fellow students, faculty, staff and patients

3. **Upholding the principles of the Professional Code of Conduct**
   a. Showing respect for all people equally without regard to age, race, gender, religion, ethnicity, disability, social status, sexual orientation, or political ideology
   b. Maintaining professional manner in language, deportment and appearance
   c. Respecting patient confidentiality
   d. Maintaining honesty and integrity
   e. Contributing to an atmosphere conducive to learning
   f. Resolving conflicts in a manner that respect the dignity of every person involved

(Please comment)

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______________________________________________________________________________________
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___________________________________ _________________ __________________
Faculty signature                      Date                      Phone number

This section to be completed by the student (optional). My comments are:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

I have read this evaluation and discussed it with the faculty member. (Required)

___________________________________________    ________________________
Student signature                        Date