

## Elective Clinical Performance Assessment 2025-26

**Reviewer**

**Date Reviewed**

**Student**

**Course Name**

**Dates Attended**

### Required Attestations

2.\* ☐ I have not provided professional treatment for this student for psychological or health issues, nor have I been made aware of such issues through any professional treatment relationship.

---

3.\* Please select your role:

Attending

Resident

Fellow

Advanced Practice Provider

---

### Comments

4. **Comments are directly entered into the student's Medical Student Performance Evaluation (MSPE) which is part of their residency application. \*\* If you have concerns about clinical progress OR lapses in professional behaviors, please enter that information in the box below labeled "feedback to facilitate improvement."**

---

## Narrative Feedback

**5. Feedback to facilitate improvement: Please provide specific examples of behaviors, particularly citing ways the student can progress in independence.**

---

### Final Grade

17.\* Final Grade

☐ Honors

☐ Pass

☐ Fail

---

**Please return completed forms to:**

[visitingstudents@northwestern.edu](mailto:visitingstudents@northwestern.edu)

Office of Visiting Students' Programs Augusta  
Webster, MD, Office of Medical Education  
Northwestern University Feinberg School of  
Medicine 303 East Chicago Avenue Ward  
Suite 1-003  
Chicago, Illinois 60611  
312-503-0715 fax