

**Extramural Studies Program  
Extramural Supervisor Evaluation**

MUST BE COMPLETED NO LATER THAN ONE MONTH AFTER THE EXPERIENCE

**Student Information**

*The Student should complete the following section.*

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Email Address: \_\_\_\_\_@ncsu.edu Phone Number: \_\_\_\_\_

Choose One \_\_\_\_\_ NCSU \_\_\_\_\_ Ross \_\_\_\_\_ SGU Graduation Year: \_\_\_\_\_

**Course Information**

*The Student should complete the following section.*

\_\_\_\_\_ Clinical Rotation (4<sup>th</sup> year) \_\_\_\_\_ Selective (1<sup>st</sup> – 3<sup>rd</sup> year)

Dates of Experience: From \_\_\_\_\_ to \_\_\_\_\_  
mm/dd/yy mm/dd/yy

Total days worked: \_\_\_\_\_ Total hours worked: \_\_\_\_\_

**Clinical year only** Block Number: \_\_\_\_\_

**Selectives/Electives only** Semester: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer (elective only) Number of Credits: \_\_\_\_\_

Extramural for which you are applying for credit (Choose one):

- \_\_\_\_\_ Clinician Scientist Res. Exp./Extramural Research \_\_\_\_\_ Equine (4<sup>th</sup> year only) \_\_\_\_\_ Food Animal/Mixed (4<sup>th</sup> year only)
- \_\_\_\_\_ International (Topic: \_\_\_\_\_) \_\_\_\_\_ Lab Animal \_\_\_\_\_ Lrg. An. Prac. Exp (1 – 3 year only)
- \_\_\_\_\_ Pathology \_\_\_\_\_ Small Animal \_\_\_\_\_ Zoological Medicine
- \_\_\_\_\_ Special Topics: \_\_\_\_\_

**International Experiences Only**

\_\_\_\_\_ **VMP 999** Vet International Program (Clinical Year) \_\_\_\_\_ **VMP 992, VMP 900 or VMP 909**– Vet Intl (1<sup>st</sup> – 3<sup>rd</sup> year)  
Section Number: \_\_\_\_\_ (Block Number) Section Number: \_\_\_\_\_ (001, 112, 212, or 312)

**Practice Information**

*The Supervisor should complete the following section.*

Supervisor: \_\_\_\_\_ \_\_\_\_\_ DVM \_\_\_\_\_ PhD \_\_\_\_\_ Other: \_\_\_\_\_

Practice Name: \_\_\_\_\_

City, State: \_\_\_\_\_

Dates Student was with you: From \_\_\_\_\_ to \_\_\_\_\_  
mm/dd/yy mm/dd/yy

Total days worked: \_\_\_\_\_ Total hours worked: \_\_\_\_\_

# Supervisor's Evaluation

Student Name: \_\_\_\_\_

**For each category below, please check the appropriate evaluation.** When evaluating the student, please take into consideration how many years of the curriculum the student has completed. If the student did not perform a task or skill (e.g. did not take any histories), please select 'not applicable'.

**Exceed Standards:** Overall, the student's performance was exceptional for their professional year in the curriculum. Equivalent to an **honors** at NCSU-CVM.

**Meets Standards:** Overall, the student's performance was reasonably competent for their professional year in the curriculum. Equivalent to a **pass** at NCSU-CVM.

**Needs Improvement:** Overall, the student's performance was concerning for their professional year in the curriculum. Equivalent to a **marginal (D)** at NCSU-CVM.

**Does not meet standards:** Overall, the student's performance was concerning and insufficient for their professional year in the curriculum. Equivalent to a **fail (F)** at NCSU-CVM.

**History Taking Skills:** Student summation of the history leads to an accurate description of the patient's problems and the client's concerns.

\_\_\_\_\_ Does not meet standards      \_\_\_\_\_ Needs improvement      \_\_\_\_\_ Meets standards      \_\_\_\_\_ Exceeds standards      \_\_\_\_\_ Not Applicable

**Physical Examination:** Student's examination is performed with reasonable competence with major abnormalities identified.

\_\_\_\_\_ Does not meet standards      \_\_\_\_\_ Needs improvement      \_\_\_\_\_ Meets standards      \_\_\_\_\_ Exceeds standards      \_\_\_\_\_ Not Applicable

**Problem Solving Skills and Judgment:** Student is reasonably skilled in accessing the available information and formulating well-constructed differential diagnoses with alternatives appropriately weighed.

\_\_\_\_\_ Does not meet standards      \_\_\_\_\_ Needs improvement      \_\_\_\_\_ Meets standards      \_\_\_\_\_ Exceeds standards      \_\_\_\_\_ Not Applicable

**Diagnostic Plan and Therapeutic Options:** Student is able to formulate a management plan with good use of therapeutic, and diagnostic options.

\_\_\_\_\_ Does not meet standards      \_\_\_\_\_ Needs improvement      \_\_\_\_\_ Meets standards      \_\_\_\_\_ Exceeds standards      \_\_\_\_\_ Not Applicable

**Knowledge Base:** Student has a solid fundamental core of basic science and pathophysiological knowledge and, in most circumstances, can satisfactorily apply this knowledge to clinical problems, diagnostics, and therapies.

\_\_\_\_\_ Does not meet standards      \_\_\_\_\_ Needs improvement      \_\_\_\_\_ Meets standards      \_\_\_\_\_ Exceeds standards      \_\_\_\_\_ Not Applicable

**Procedural Skills:** Student demonstrates acceptable proficiency with all procedural skills and uses reasonable care in doing procedures.

\_\_\_\_\_ Does not meet standards      \_\_\_\_\_ Needs improvement      \_\_\_\_\_ Meets standards      \_\_\_\_\_ Exceeds standards      \_\_\_\_\_ Not Applicable

**Moral Reasoning and Ethics:** Students ethical values and compassion for animals, recognition of own limitations of veterinary knowledge and skills, and integrity are acceptable.

\_\_\_\_\_ Does not meet standards      \_\_\_\_\_ Needs improvement      \_\_\_\_\_ Meets standards      \_\_\_\_\_ Exceeds standards      \_\_\_\_\_ Not Applicable

**Motivation and Initiative:** Student maintains a positive attitude while fulfilling duties and shows a good interest in learning. The student puts forth their best effort and is self-motivated to acquire knowledge and skills, and is well prepared.

\_\_\_\_\_ Does not meet standards      \_\_\_\_\_ Needs improvement      \_\_\_\_\_ Meets standards      \_\_\_\_\_ Exceeds standards      \_\_\_\_\_ Not Applicable

**Communication and Interpersonal Skills:** Student has good communication and demeanor skills with clients, healthcare professionals, staff, teachers and others. Communication with clients appears clear and appropriate.

\_\_\_\_\_ Does not meet standards      \_\_\_\_\_ Needs improvement      \_\_\_\_\_ Meets standards      \_\_\_\_\_ Exceeds standards      \_\_\_\_\_ Not Applicable

Student Name: \_\_\_\_\_

**Other expectations (if applicable):** If the supervisor and the student established objectives or skills for the extramural experience, please briefly describe them:

\_\_\_\_\_ Does not meet standards      \_\_\_\_\_ Needs improvement      \_\_\_\_\_ Meets standards      \_\_\_\_\_ Exceeds standards      \_\_\_\_\_ Not Applicable

**Overall Evaluation:** Student met the expectations of the extramural.

\_\_\_\_\_ Does not meet standards      \_\_\_\_\_ Needs improvement      \_\_\_\_\_ Meets standards      \_\_\_\_\_ Exceeds standards

**For each question below, please provide a written evaluation of the student.**

**Student's areas of strength:**

**Student's areas for improvement:**

**Additional Comments:**

Would you be willing to continue participating in the NCSU Extramural Studies Program? \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, how many students would you be willing to supervise at one time? \_\_\_\_\_ One      \_\_\_\_\_ Two

### Supervisor's Signature

I agree that that the above information is correct.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Please note: The student will be provided with a copy of the evaluation.*

**Thank you for participating in our Extramural Studies Program.**

*If you have any additional comments or suggestions for the program, please reach out to the Clinical Coordinator or attach additional documents.*

**Please return the form within one month to:**

Clinical Coordinator, Office of Student Services  
North Carolina State University  
1060 William Moore Drive  
Raleigh, NC 27607

Phone: (919) 513-6262  
Fax: (919) 513-6197  
Email: [cvm-extramural@ncsu.edu](mailto:cvm-extramural@ncsu.edu)

*Student to provide supervisor with stamped, addressed envelope or have supervisor agree to fax or email the evaluation.*