

Virginia-Maryland Regional College of Veterinary Medicine Equine Private Practice Evaluation Form

Student: _____

Block Number: _____ Block Dates: _____

Clinic Name: _____

Total cases worked on by the student:		
Medicine: _____	Therio: _____	Surgery: _____
Outpatient: _____	Hospitalized: _____	

Was this clerkship a positive experience? _____
Why?

Did this practice meet your expectations? _____
How?

Please rate the clerkship practice and experience on a scale of 1 to 10 with 1 as unsatisfactory and 10 as truly outstanding:	
Rate practice: _____	Rate Experience: _____

Additional Comments:

