

Student Performance Evaluation

Please send this completed form to:

Dr. Ludmila Zakasovskaya

Advisor to Diagnostic Imaging Programs
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Due Date: _____

Student's Name: _____ **Course:** _____

| Criteria of Grading | Excellent "A" | Good "B" | Average "C" | Poor "D" | Failure "F" |
|---------------------------------|------------------|-------------|----------------|-------------|----------------|
| Attendance | | | | | |
| Personal appearance | | | | | |
| Quality of work | | | | | |
| Motivation attitude | | | | | |
| Interpersonal skills | | | | | |
| Communicational skills | | | | | |
| Writing preliminary report | | | | | |
| Performing ultrasound protocols | | | | | |
| Total | | | | | |

| Criteria of Grading | % |
|---------------------------------|-------------|
| Attendance | 10% |
| Personal appearance | 10% |
| Quality of work | 10% |
| Motivation attitude | 10% |
| Interpersonal skills | 10% |
| Communicational skills | 10% |
| Writing preliminary report | 20% |
| Performing ultrasound protocols | 20% |
| Total | 100% |

| | | |
|----------|-----------|---------------|
| A | Excellent | 100-90% |
| B | Good | 89-80% |
| C | Average | 79-70 |
| D | Poor | 69-60 |
| F | Failure | 59% and below |

Comments: _____

Work Supervisor's Signature: _____

Phone: _____

Date: _____