

This form is to be used only if you believe a student is not performing at an appropriate level, and may also need remediation/counseling. Remediation will be provided by UNTHSC-TCOM Faculty.

\_\_\_\_\_  
Student (-Printed Name-)

**Please check those areas in which the student is having difficulty.**

**Physical Examination:**

*Student has difficulty with the following:*

*Please give specific examples in the space provided.*

- \_\_\_ HEENT
- \_\_\_ Cardiovascular
- \_\_\_ Lung/Thorax
- \_\_\_ Abdominal
- \_\_\_ Musculoskeletal
- \_\_\_ Neurological
- \_\_\_ Osteopathic Exam
- \_\_\_ Psychiatric
- \_\_\_ Skin
- \_\_\_ SOAP Notes

**Humanistic Evaluation:**

*Student has difficulty with the following:*

*Please give specific examples in the space provided.*

- \_\_\_ Taking a history
- \_\_\_ Listening effectively
- \_\_\_ Eliciting information
- \_\_\_ Giving information/instructions
- \_\_\_ Respect/Courtesy
- \_\_\_ Ethical/Empathetic
- \_\_\_ Professionalism
- \_\_\_ Work ethic
- \_\_\_ Other

\_\_\_\_\_  
Preceptor/Attending Physician (-Printed Name-)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return form to Dr. Katy Kemp, Director, Clinical Education - Email [katy.kemp@unthsc.edu](mailto:katy.kemp@unthsc.edu) - Fax 817.735.2456  
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