



Northern Ontario
School of Medicine
École de médecine
du Nord de l'Ontario
ᑭᓄᑦᑎᓄᑦ ᑎᓄᓄᑦ ᑎᓄᓄᑦ
ᑎᓄᓄᑦ ᑎᓄᓄᑦ ᑎᓄᓄᑦ

Northern Ontario School of Medicine
Special Educational Experience – Assessment of Student Form

Student Name:

Current MD Program: Year 1

Year 2

SEE Title (i.e. Neurology):

Start Date:

End Date:

Supervisor Name:

Grade:

Satisfactory

Unsatisfactory

Supervisor Comments: (please provide comments for BOTH Satisfactory and Unsatisfactory)



I discussed careers in my specialty with this learner: YES NO

Discussion Comments:

Supervisor Signature:

Date:

Note: Personal information on this form is collected and will be used to record the assessment of the above noted student's performance during the Special Educational Experience and will be noted on their permanent record. Any questions on this collection should be directed to NOSM Student Records & electives Officer using the contact information noted below.

Please return completed form to:
NOSM Student Records & Electives Officer
935 Ramsey Lake Road
Sudbury, ON P3E 2C6
Phone: 705-662-7287
Fax: 807-766-7485
E-mail: Records@nosm.ca