

**SAMPLE STUDENT BACKGROUND FORM**

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**Student Name:** \_\_\_\_\_  
**School:** \_\_\_\_\_  
**Rotation Dates:** \_\_\_\_\_

**Prior Rotations completed (list number of weeks completed):**

Family Medicine \_\_\_\_\_  
Internal medicine outpatient \_\_\_\_\_  
Internal medicine inpatient \_\_\_\_\_  
General Surgery \_\_\_\_\_  
OB/GYN \_\_\_\_\_  
Pediatrics \_\_\_\_\_  
Psychiatry \_\_\_\_\_  
*Other (please list):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Languages spoken:** \_\_\_\_\_  
**Current career interest:** \_\_\_\_\_

**Specific learning goals for this rotation** (topics, skills, procedures or problem areas you would like to improve):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Areas in which you would like specific feedback during the rotation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Aspects of medicine you have enjoyed most so far, and why:**

\_\_\_\_\_  
\_\_\_\_\_

**Aspects of medicine you have enjoyed least so far, and why:**

\_\_\_\_\_  
\_\_\_\_\_