SCHOOL OF SURGICAL TECHNOLOGY
STUDENT SELF EVALUATION

Name_______________________________________  Date__________________

Please rate your skills by answering the following questions:

1=unsatisfactory, needed maximum supervision
2=poor, needed supervision
3=average, needed only occasional direction
4=above average, needed direction only in specialty or new experiences
5=superior, needed no assistance, anticipated needs and functioned independently

1. I prepared for most of the surgical procedures this week by setting up the back table and Mayo stand_____
2. My knowledge of the instruments required for these cases was_____
3. My counts were performed accurately_____
4. I anticipated the needs of the surgical team_____
5. My draping skills_____
6. My knowledge of aseptic technique_____
7. My ability to first/second assist during the procedure_____
8. My ability to pass instruments properly_____
9. I feel that overall my educational experience this week was_____

Please indicate which cases and/or experiences you felt you performed the strongest:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please indicate any areas of weakness you identified this week:
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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Objectives for next week:
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________________________________________________________________________
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Comments:
________________________________________________________________________
________________________________________________________________________

Student Signature and Date ___________________  Instructor Signature and Date ___________________