



**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:\_\_\_\_\_

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Please indicate any areas of weakness you identified this week:\_\_\_\_\_

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Objectives for next week:\_\_\_\_\_

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Comments:

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Student Signature and Date

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Instructor Signature and Date