

Edward Via College of Osteopathic Medicine SDL Evaluation Form

Name: _____ SDL Title: _____

Date: _____ Time: _____ Observer: _____

PROFESSIONAL KNOWLEDGE

	1	2	3	4	5	N/A
Integrates key content elements and facilitates students' use of higher level thinking skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates ability to link present content with past and future learning experiences, other disciplines, and clinical experiences and applications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates skills relevant						

Provides adequate resources