

**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: _____

Objectives for next week: _____

Comments:

Student Signature and Date

Instructor Signature and Date