

Evaluation Form



Printed on Jul 25, 2013

RESIDENT EVALUATION OF FACULTY (IMPORTED)

Evaluator: _____

Evaluation of: _____

Date: _____

1. Knowledge of specialty	Below Expectations	Effective	Exceeds Expectations	Outstanding	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

2. Quality of clinical teaching	Below Expectations	Effective	Exceeds Expectations	Outstanding	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

3. Amount of clinical teaching	Below Expectations	Effective	Exceeds Expectations	Outstanding	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

4. Quality of didactics	Below Expectations	Effective	Exceeds Expectations	Outstanding	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

5. Ability to teach procedures	Below Expectations	Effective	Exceeds Expectations	Outstanding	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

6. Availability	Below Expectations	Effective	Exceeds Expectations	Outstanding	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

7. Interpersonal skills	Below Expectations	Effective	Exceeds Expectations	Outstanding	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

8. Patient interaction	Below Expectations	Effective	Exceeds Expectations	Outstanding	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

9. Role model	Below Expectations	Effective	Exceeds Expectations	Outstanding	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

10. Overall Constructive Comments (Please provide additional comments for any of the above questions or items that were not covered in this evaluation. This information is strictly confidential).

General Comments:
