

## TRAINEE DAILY EVALUATION

Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Trainee: \_\_\_\_\_

### PATIENTS SEEN (TO BE FILLED OUT BY TRAINEE)

Age	Sex	Diagnosis

### EVALUATION INFORMATION

	Unsatisfactory	Satisfactory	Superior	Unable to Judge
Knowledge				
Attitude				
Skills				
Charting				

Strong points	
Points to improve	

Direct observation: Yes: \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ No \_\_\_

Feedback given: Yes \_\_\_ No \_\_\_

\*\*\*\* Feedback for unacceptable and below expectations performance must be given IMMEDIATELY to the trainee \*\*\*\*

