

TRAINEE DAILY EVALUATION

Trainee : _____ Date : _____

Supervisor : _____

Patients seen (to be filled out by the trainee). Please specify if any procedure was performed

AGE	GENDER	DIAGNOSIS

Your comments are appreciated regarding the trainee's performance in clinic today :

Strengths

Areas to work on

Concerns

Direct observation: Yes: ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ No ___

Please indicate whether the trainee's performance was :

- Unsatisfactory
- Below Average
- Average
- Above Average
- Superior

IN ADDITION, Please indicate if the trainee's performance was (if applicable) :

- Within the bottom 10% of trainees who you have previously evaluated.
- Within the top 5% of trainees who you have previously evaluated.