

# RESIDENT ANNUAL EVALUATION FORM

Resident: \_\_\_\_\_

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

Evaluated Rotations: \_\_\_\_\_

Faculty Reviewer: \_\_\_\_\_

\_\_\_\_\_

## Resident Assessment

Yes No

Has the resident completed the competencies outlined for her/his rotation?

Was the resident sufficiently engaged in her/his rotations?

Was the resident sufficiently engaged in the clinic?

Did the resident routinely interact with her/his mentors for the rotations?

## Oral Assessment

High Pass	Pass	Conditional Pass	Fail

Comments:

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Signed,

\_\_\_\_\_  
Faculty Name

\_\_\_\_\_  
Signature

