

## Performance Evaluation Summary

Meeting with Residency Program Director

Attendees: \_\_\_\_\_

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

Mid-year Eval: \_\_\_\_\_ End of Year Eval: \_\_\_\_\_

All monthly evaluations reviewed: \_\_\_\_\_

Clinical Judgment:

Knowledge:

Technical Skills:

Humanistic Qualities:

Professional Attitude:

Behavior:

Overall ability to manage patient care:

### Resident Comments (attached sheet if written comments):

Program Director Assessment (including comments from Faculty meeting discussion):

Continue in this year of training with increasing responsibility: \_\_\_\_\_

Continue in this year of training with restrictions (see attached comments):

\_\_\_\_\_

Progress to next year of training without restrictions: \_\_\_\_\_

Progress to next year of training with restrictions (see attached comments):

\_\_\_\_\_

### Exit Evaluation Recommendations (barring any changes in the last few months of training):

Graduation from program with highest recommendations: \_\_\_\_\_

Graduation from program with good recommendations: \_\_\_\_\_

Graduation from program: \_\_\_\_\_