Division of Neurology  
Rotation and Program Evaluation

Dear Doctor:

Please use this form to evaluate the rotation you have just completed and the Neurology Program in general. This information will be used by the residency program and rotation director to make improvements in the residency program.

Circle Choices Below

Rotation:  VA/Ward   VA/Consult   Other (Specify)________________
           UH/Ward   UH/Consult   Other (Specify)________________

How does this rotation compare to others you have completed?

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td></td>
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</tbody>
</table>

Strengths of the rotation:

Weaknesses of the rotation:

What would make the rotation better with these changes?

Strengths of the program:

Weaknesses of the program:

What would make the program better with these changes?