

**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?

Unsatisfactory			Satisfactory			Superior		
1	2	3	4	5	6	7	8	9

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?