

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.

Check Choices Below

Rotation:

VA Ward <input type="checkbox"/>	VA Consult <input type="checkbox"/>	Other (Specify): _____
UH Ward <input type="checkbox"/>	UH Consult <input type="checkbox"/>	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?