

RESIDENT'S EVALUATION OF SERVICE  
(Informational Only)

Electives, etc.

Name \_\_\_\_\_ Date \_\_\_\_\_

I. Physicians Excellent Good Fair Poor

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II. Instructional Organization (check one) Never Occasionally Usually Always N/A

1. Were teachings/rounds conducted on a regular basis?
2. Did you have significant patient-care responsibilities?
3. Were your work and knowledge evaluated and discussed?
4. Was there opportunity/or ambulatory experience?
5. Did you have time for reading, teaching, and paperwork?
6. Were lectures presented on a regular basis?

III. General Evaluation of Service (overall rating) Excellent Good Fair Poor

IV. General Comments (Trainers, lectures, service):

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