

Attending Evaluation of Resident in Clinic

Date: _____

Resident: _____

Clinic: _____

The resident's overall performance in clinic with respect to history taking, physical exam skills, medical knowledge, ability to formulate an appropriately prioritized assessment and plan, documentation and presentation was :

Satisfactory

Unsatisfactory

If **unsatisfactory**, please provide explanation below.

Optional comments:

The resident excelled in the following way(s)

Recommended areas for improvement:

Other comments:

Attending Signature _____

Attending Name _____