

ATC TRAINEE EVALUATION FORM

To be completed by the faculty of the training program annually or after any rotation
(Please maintain in Program Director's files. Do not send to the ATC office.)

Name _____ PG Level _____

Name of Program/Evaluator _____

Dates Included _____ to _____ Date of Evaluation _____

	Not observed/ Not applicable	Outstanding	Satisfactory	Needs Improvement	Unsatisfactory
Fund of knowledge in the clinical field					
Pertinent basic science knowledge					
Information gathering and study habits					
Thoroughness of patient management					
Clinical problem solving/clinical judgment					
Emergency and critical care patient management					
Discriminatory use of diagnostic procedures					
Technical skills in ambulatory care					
Surgical skills					
Overall clinical performance					
Professional behavior with colleagues and peers					
Rapport with patients					
Rapport with other health professionals					
Clinical research performance					
Efficiency and work habits					
Assumption of responsibilities					
Teaching and instructing ability					
Medical writing skills					
Overall scholastic performance					
Laboratory science performance					
Ethical and moral values					
Administrative skills					

The following will be on a low to high grading scale:

1. How strongly do you recommend the candidate for employment in an academic program?

Low			High

2. How strongly do you recommend the candidate for employment in a private practice organization?

Low		High

3. How strongly would you consider this candidate for a professional partner in your organization?

Low		High

4. Would this candidate benefit from any additional training or counseling? If so, please explain.

Low		High

5. Any additional comments: