DEPARTMENT OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ALLERGY IMMUNOLOGY ROTATION RESIDENT EVALUATION

RESIDENT:					
ROTATION DATES:		-			
Ratings: Outstanding rarely a Above Average clearly	with peer group te but somewhat bel Above	up	Below Average	Unacceptable	
Standards					
Rapport with Patients & Staff					
Problem Solving & Clinical J diagnosis; sound logic in initial Professional Standards: prom Rapport with Patients & Staf Do you feel that the resident I YES Narrative Comments Regarding	l plans, progress no aptness and attention of the plans, progress no aptness and attention of the plans are the learning of the plans are the learning of the plans are the learning of the plans are	otes, assessments on to responsibilitied of others; co	ties; conscientions ta	ousness; appearance	terential
Signature of Evaluator:			Date:	Date:	
	Print name:		, M.	D.	
	Title:				
Please return evaluation form to:	Dept. of Otolaryns Attn: Millie Corbo 12901 Bruce B. D Tampa, FL 33612	o, Program Coordi owns Blvd. MDC			

Phone #: 813/974-7036; Fax #: 813/974-7314

e-mail: casanova@hsc.usf.edu