

Evaluation Form



Printed on Dec 20, 2016

D2: Annual Program Evaluation Meeting

Evaluator: _____

Evaluation of: _____

Date: _____

Program:*

- General Pediatrics
- Community Pediatrics Fellowship
- Developmental-Behavioral Pediatrics
- Pediatric Emergency Medicine
- Neonatal/Perinatal Medicine
- Pediatric Cardiology
- Pediatric Critical Care
- Pediatric Endocrinology
- Pediatric Gastroenterology/Hepatology
- Pediatric Hematology-Oncology
- Pediatric Infectious Diseases
- Pediatric Nephrology
- Pediatric Pulmonary

5 Participants:
(Enter names; must include at least the program director, one faculty member and a representative trainee) *

Review of Curriculum:
(Enter which parts of curriculum need to be revised based on trainee/faculty evaluation. If none, state so) *

Goals and Objectives:
(Enter if any Goals and Objectives that need to be revised. If none, state so) *

Resident Performance
(Include summary results of resident evaluations, multisource evaluations, In-Training Exam scores, list of research publications, presentations, etc) *

Faculty Performance:

(Include faculty evaluations, review of annual ACGME on-line survey with regards to faculty, review CVs for evidence of scholarly activity including presentations, list activities specifically for improvement in teaching skills or administrative, evaluation skills) *

Graduate Performance:

(Include most recent results of Board examinations, placement in either fellowships, practice or academic positions-two most recent classes) *

Program Quality: *

Action Plan for Deficiencies: *
