

EVALUATION FORM FOR RESIDENTS' TEACHING SESSIONS

Name of Resident : Level:

Training Center: Rotation: Block:

Criteria:	Unsatisfactory 1	Below Expectations 2	Meets Expectations 3	Exceeds Expectations 4
1. Proper introduction was done (introduced self and called each student by first name)				
2. Established an effective learning environment				
3. Objectives of the teaching session were clarified				
4. Guided students appropriately during the consultation				
5. Ensured participation by all students				
6. Decisions were made through discussion				
7. More listening was done compared to talking				
8. Reading tasks were assigned				
9. Demonstrated enthusiasm				
10. Global Impression				
Comments: <i>Areas for Improvement</i>				
What went particularly well during this teaching session? (to be answered by the Resident)				
What would you try to do differently next time? (to be answered by the Resident)				

Name and Signature of Trainer: Date:

Signature of Resident: Date: