

Pediatric Cardiology Fellowship Evaluation Form

Name of Applicant _____

Date _____

Relationship to Applicant

- Program Director
 Dept/Division Chair
 Advisor
 Clinical Preceptor
 Research Preceptor
 Other

Compared to other residents at a similar level going on to sub-specialty training that you have supervised and have been the preceptor over the past five years, how would you rate this applicant? Please check the boxes that most closely represent your opinion of the applicant.

Skill	Below Average (Lower 50%)	Average (Upper 50%)	Very Good (Upper 20%)	Outstanding (Upper 10%)	Superlative (Upper 5%)	Unable to Judge <i>Comment Below</i>
Overall Clinical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential as a Clinical Cardiologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments

*Click to Insert Signature (If Available)
or Print and Sign*

Signature

Name (Print)

Title