



Division of Plastic and Reconstructive Surgery

Student Name (First/Last):

Current MD Program:

Hospital/Clinic Name:

Senior Resident(s):

Start Date:

End Date:

Number of Weeks:

Areas of Evaluation	Excellent	Above Average	Average	Below Average	Not Applicable
Clinical Performance					
Knowledge Base					
Physical Exam					
Problem Solving					
Motivation					
Professional Behaviour					
Communication & Interpersonal Interactions					
Initiative					
Literature Review & Presentation Skills					
Overall Performance:					

ADDITIONAL COMMENTS:

Supervisor(s) Name:

Supervisor(s) Signature: