

Outpatient Psychiatry. CBT/BAP Tutorial Evaluation Form

Resident: _____ Seminar Leader _____

Period of the Tutorial: from _____ until _____

Date of the evaluation: _____

1. Attendance: Satisfactory Not satisfactory
comments:

2. Participation
Does not participate in readings and discussions, and/or interferes with the educational process
Active participation. Facilitates group process and learning.
1 2 3 4 5 6 7 8 9 10

3. Grasp of basic concepts
Below level of training Above level of training
1 2 3 4 5 6 7 8 9 10

4. Clinical application of concepts and techniques
Below level of training Above level of training
1 2 3 4 5 6 7 8 9 10

How many patients did the resident report treating with this approach? _____

5. Comments: (specific strengths and weaknesses)

PLEASE RETURN THIS FORM TO THE RESIDENCY TRAINING OFFICE AT Box 356560.
THANK YOU.