

**UNIVERSITY OF WASHINGTON PSYCHIATRY RESIDENCY PROGRAM
PSYCHOTHERAPY SEMINAR EVALUATION FORM**

Resident: _____ **Seminar:** _____
Seminar Leader: _____ **Dates of Seminar:** _____

Please evaluate the resident on the following:

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.