

**University of Washington Psychiatry Residency Program
SEMIANNUAL EVALUATION FORM**

Every 6 months while on psychiatry rotations, each resident is required to meet with her/his faculty advisor for a semiannual evaluation, to review the resident's progress in the program. Please give this form to your faculty advisor to fill out after your semiannual meeting and to return to the Residency Office (Box 356560 or fax 206-685-8952) by December 31 and June 30. Thank you.

Resident: _____ **Period:** _____

Faculty Advisor: _____

Please check all that apply:

_____ I have met with Dr. _____ during this period for his/her semiannual evaluation, to discuss her/his progress in the program.

_____ I have reviewed the evaluations and other documentation sent to me by the Residency Office.

_____ I have reviewed the resident's log summary for adequate variety of patients by age, gender, diagnosis, and treatment modality.

Concerns/comments: _____

_____ I have reviewed the educational goals and objectives for this resident's PGY-level.

This resident:

_____ has met these educational goals and objectives

_____ is making good progress toward meeting these goals and objectives

_____ is having difficulty meeting these goals and objectives

_____ Specific goals as yet unmet:

_____ This resident needs remediation and/or extra assistance in the following areas:

_____ I have reviewed the resident's caseload and experience for ethnic/cultural issues and:

_____ this resident needs a supervisor attuned to her/his ethnic/cultural background

_____ this resident needs education in sensitivity to minority cultures

_____ this IMG resident needs education about American cultures/subcultures

Date: _____ **Advisor Signature:** _____