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.