Evaluated By: evaluator's name

Evaluating : person (role) or moment's name (if applicable)

Dates : start date to end date

* indicates a mandatory response

Please complete and submit this evaluation on the last day of vour rotation.

your rocacion.
*Check one: OATU OBMC
*Describe the impact of this rotation upon you.
*Which of the groups, lectures, films, or reading materials were particularly helpful?
*Which activities, if any, were not particularly helpful?
*What would you have liked more of?
*What changes, if any, would you suggest?
The following will be displayed on forms where feedback is enabled (for the evaluator to answer)
*Did you have an opportunity to meet with this trainee to discuss their performance? Yes
(for the evaluee to answer)
*Did you have an opportunity to discuss your performance with your preceptor/supervisor? Yes No