

EVALUATION FORM

Pediatric Pulmonology Training Program

Dr. _____ (Candidate's Name) is applying for a fellowship position in Pediatric Pulmonology. Your evaluation and Letter of Recommendation will be of great help in the selection process.

Please rate the candidate with respect to the following qualities in comparison with others in your institution who are at similar level of training.

Characteristic		Check <u>Appropriate Responses</u>				
		1	2	3	4	X
		Superior; top 10% of residents at similar level of training	Very good; well above-average; upper third of residents	Average; middle third of residents	Below average; lower third of residents	Insufficient information to evaluate
1.	General fund of information in present field or discipline					
2.	Evidence of ability to pursue knowledge of selected subjects in depth					
3.	Ability to analyze data and apply knowledge to reach conclusions					
4.	Level of imagination and originality					
5.	Drive, level of effort and ambition in present discipline					
6.	Verbal communication skills					
7.	Written communication skills and ability to keep systematic records					
8.	Clinical skills					
9.	Personal relationships with peers, instructors and other health care staff					
10.	Personal relationships with patients and patient families					
11.	Level of interest in teaching					
12.	Level of interest in research					

PLEASE ATTACH A LETTER OF RECOMMENDATION (Required)

Evaluator's Signature: _____ Date: _____

Evaluator's Name: _____

Evaluator's Address: _____

Evaluator's telephone Number: _____

Evaluator's e-mail: _____