

# Clinical Evaluation Form Sample for Surgical Residents

This **clinical evaluation form** sample is designed specifically for surgical residents to assess their skills and performance during clinical rotations. It helps supervisors provide structured feedback, ensuring a comprehensive review of surgical competencies. Utilizing this form supports consistent and objective resident evaluation.

## Resident Information

Resident Name	
PGY Level	
Rotation	
Supervisor	
Evaluation Period	

## Evaluation Criteria

Competency	Needs Improvement	Meets Expectations	Exceeds Expectations	Comments
Medical Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Patient Care & Technical Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Interpersonal & Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Practice-Based Learning & Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Systems-Based Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

## Strengths

## Areas for Improvement

## Overall Performance Rating

Select Rating

## Supervisor Signature

Date: