

OVERALL PERFORMANCE

Name: _____ University: _____

This resident completed the standardized assessment of history -taking, physical examination and synthesis of a patient's problems. A complete record is in the resident's file. The following is a summary of the overall performance with comments on strengths and weaknesses summarized by the program director.

Overall Performance Satisfactory Below Expectations

Strengths :

Weaknesses :

Date

Name of Program Director

Signature

Date

Name of Resident

Signature

*** This is to be returned with the FITER**