



**General In-Training Evaluation Report – Genetic and Genomic Diagnostic Specialty**

NAME: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date Training Started: \_\_\_\_\_ Full Time  Part time

Rotation: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Training Site: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Assessment Criteria	Below expectations	Meets expectations	Exceeds expectations	Not Applicable
<b>A. Interpretative and Consultative Skills</b>				
Laboratory Result Assessment and Interpretation				
Records and Reports (including Oral Reports)				
Consultative Skills and Follow-up of cases				
Soundness of Judgement and Decisions				
<b>B. Technical Skills</b>				
Technical Skills Related to _____				
Technical Skills Related to _____				
Technical Skills Related to _____				
<b>C. Professional Attitudes</b>				
Laboratory Staff Relationships				
Clinical Staff Relationships				
Sense of Responsibility				
Attention to Quality Assurance Measures (Accuracy, Safety)				

Self-Assessment Ability (insight)				
D. Knowledge				
General Concepts and Principles Pertaining to Rotation				

**Summarize the trainee's performance for this unit and formulate recommendations for future improvement**

Name/Signature of evaluator(s) \_\_\_\_\_

Date \_\_\_\_\_

Name/Signature of Program Director \_\_\_\_\_

This is to attest that I have read this document

Signature of Trainee \_\_\_\_\_