IN-TRAINING EVALUATION REPORT Laboratory Specialties

NAME: Surname		_Given Name(s)				
		o Molecul	lar			
LEVEL OF TRAINING: Fellow \Box_0	1	<u> </u>				
PERIOD OF TRAINING: From			То			
INSTITUTION:	,	SERVICE:				
UNIVERSITY:						
SUPERVISOR:						
CRITERIA	FAIL	BORDER- LINE	PASS	OUTSTAN- DING	NOT APPL.	CANNOT ASSESS
A. FUNDAMENTAL SKILLS						
1. LABORATORY RESULT ASSESSMENT AND INTERPRETATION						
2. RECORDS & REPORTS (INCLUDING ORAL REPORTS)						
3. CONSULTATIVE SKILLS AND FOLLOW-UP OF CASES						
4. SOUNDNESS OF JUDGEMENT & DECISIONS						
5. PERFORMANCE UNDER PRESSURE						
B. TECHNICAL SKILLS	•	4				
1. TECHNICAL SKILLS RELATED TO: CYTOGENETICS/BIOCHEMICAL/MOLECULAR						
2. USE AND CARE OF LABORATORY EQUIPMENT						
3. SAFETY						
C. SPECIAL CRITERIA						
LABORATORY MANAGEMENT SKILLS						
D. PROFESSIONAL ATTITUDES						
1. LABORATORY STAFF RELATIONSHIPS						
2. CLINICAL STAFF RELATIONSHIPS						
3. SENSE OF RESPONSIBILITY						
4. ATTENTION TO QUALITY ASSURANCE MEASURES (ACCURACY, PREVENTION)						
5. SELF-ASSESSMENT ABILITY (INSIGHT)						
E. RESEARCH						
F. KNOWLEDGE						1
1. LABORATORY SPECIALTY						
2. CLINICAL GENETICS						
3. BASIC SCIENCE						
G. OVERALL COMPETENCE						

COMMENTS: (please use other side of page)

COMMENTS

Trainee's strengths:	
Trainee's weaknesse	S:
Other comments:	
Was evaluation done by:	\Box_0 one individual, (name)
	how well does he/she know the trainee
	\square 0 a committee,
	└ 0 other (please explain)
(date)	name/signature of evaluator
	name/signature of program director
This is to attest that I h	ave read this document:

(date)

(name of trainee)

(signature of trainee)

2.