Fellow Evaluation Form – 6 months

Please complete a formal evaluation of the fellow using the criteria below. Discuss your evaluation with the fellow and obtain his/her signature.

Due to CSTE on or before end of 6th month of fellowship.

Date: _____

1. Please describe the progress that the fellow is making on his/her Plan of Action.

2. Please rate the fellow in the following areas:

Rating scale:

1 – Needs significant improvement
2 – Needs some improvement
3 – Meets expectations
4 – Exceeds expectations
5 – Consistently exceeds expectations

	5	4	3	2	1
Skills:					
Technical					
Analytical					
Task Management:					
Quality of work					
Quantity of work					
Organizational skills					
Creativity					
Communication					
Written					
Verbal					
Contribution to team effort					
Judgment					
Degree of independence					
Motivation					
Leadership					
Teamwork					
Interpersonal skills					

3. Describe strengths the fellow has demonstrated over the past six months.

4. Identify areas for improvement that the fellow can strive for in the next six months.

1° Mentor signature: _____Date: _____

2° Mentor signature: _____Date: _____

Fellow signature: _____Date: _____