# Fellow Evaluation Form – Final

**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 two weeks before the end of fellowship.**

**Date:** _____

1. Has the fellow achieved the goals documented in their Plan of Action? If not, describe progress made.

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 during the fellowship.

4. Identify areas for improvement that will help the fellow have a successful career as an epidemiologist.

5. Briefly list significant accomplishments of the fellow.

6. Additional comments or advice for the fellow.

**1° Mentor signature: _____Date: _____**

**2° Mentor signature: _____Date: _____**

**Fellow signature**: _____ **Date: _____**