

DAILY EVALUATION CARD

Trainee: _____
Evaluator: _____
Date: _____

Skills	B	DC	C
Communication and Interpersonal Skills			
Professionalism			
Problem Solving Skills			
Manual Skills			
Medical Knowledge			

B Beginner
DC Developing Competence
C Competent

Specific Comments/Examples:

DAILY EVALUATION CARD

Trainee: _____
Evaluator: _____
Date: _____

Skills	B	DC	C
Communication and Interpersonal Skills			
Professionalism			
Problem Solving Skills			
Manual Skills			
Medical Knowledge			

B Beginner
DC Developing Competence
C Competent

Specific Comments/Examples:

DAILY EVALUATION CARD

Trainee: _____
Evaluator: _____
Date: _____

Skills	B	DC	C
Communication and Interpersonal Skills			
Professionalism			
Problem Solving Skills			
Manual Skills			
Medical Knowledge			

B Beginner
DC Developing Competence
C Competent

Specific Comments/Examples:

DAILY EVALUATION CARD

Trainee: _____
Evaluator: _____
Date: _____

Skills	B	DC	C
Communication and Interpersonal Skills			
Professionalism			
Problem Solving Skills			
Manual Skills			
Medical Knowledge			

B Beginner
DC Developing Competence
C Competent

Specific Comments/Examples:

