

### **OVERALL CLINICAL COMPETENCE**

Circle the number which best describes overall clinical competence.

**HONORS**  
(Superior)

**PASS**  
(Satisfactory)

**FAIL**  
(Unsatisfactory)

9 8 7

6 5 4

3 2 1

I have reviewed this evaluation. Comments are as above.

Date: \_\_\_\_\_

Resident's Signature: \_\_\_\_\_

Program Director's Signature: \_\_\_\_\_

Comments: