

**TRI-ANNUAL RESIDENT EVALUATION
BY FACULTY MENTOR**

Resident's Name: _____

Period: 1st_____ 2nd_____ 3rd_____

Professional Performance	0	1	2	3
1. Clinical application of basic sciences	___	___	___	___
2. Thoroughness of history and physical exam	___	___	___	___
3. Discriminating use of prosthetic laboratory	___	___	___	___
4. Clinical judgment	___	___	___	___
5. General technical skill	___	___	___	___
6. Caliber of case presentation	___	___	___	___
7. Willingness to learn	___	___	___	___
8. Interest in teaching	___	___	___	___
9. Effectiveness as a teacher	___	___	___	___
10. Interest in clinical research	___	___	___	___
11. Rapport with patients	___	___	___	___
12. Rapport with other personnel	___	___	___	___
13. Efficiency in work organization	___	___	___	___
14. Promptness in work completion	___	___	___	___
15. Administrative ability	___	___	___	___
16. Assumption of responsibility	___	___	___	___
17. Effectiveness as a practice manager	___	___	___	___
18. Correct Missing Charges Reports	___	___	___	___

Key:

- 0 Not observed
- 1 Honors (Superior)
- 2 Pass (Satisfactory)
- 3 Fail (Unsatisfactory)