
RESEARCH EVALUATION FORM: RESIDENT

NAME [CLICK **HERE** AND TYPE NAME]

PGY: [CLICK **HERE** AND TYPE NAME]

RESEARCH SUPERVOSOR: [CLICK **HERE** AND TYPE SUBJECT]

DATE OF EVAULATION:

PREVIOUS RESEARCH PROJECT(S): **DATE OF INITIATION:** **STATUS:** **SUPERVISOR:**

1.

2.

CURRENT RESEARCH PROJECT:

TITLE:

PROPOSED METHODOLOGY:

PRIMARY INVESTIGATORS:

SUPERVISOR:

CURRENT STATUS:

PLAN:

PROJECTED DATE OF COMPLETION:

RESEARCH SUPERVISOR(S):

AVAILABILITY: POOR/ USUALLY AVAILABLE / ALWAYS AVAILABLE

GUIDANCE / SUPERVISION: POOR/ ACCEPTABLE

COMMENTS:

RESIDENT SIGNATURE: _____

DATE: _____

RESEARCH COMMITTEE RECOMMENDATIONS:

SIGNATURE/DATE: _____

PROGRAMME DIRECTOR: _____

DATE: _____

RESEARCH EVALUATION FORM: RESEARCH SUPERVISOR

RESIDENT NAME:

PGY:

RESEARCH SUPERVISOR:

DATE OF EVALUATION:

CURRENT RESEARCH PROJECT:

STATUS:

HAS RESIDENT DEMONSTRATED EVIDENCE OF RESEARCH ACTIVITY?

HOW?

SUGGESTIONS/COMMENTS:

DISCUSSED WITH RESIDENT: YES / NO

DATE:

PLAN:

RESEARCH COMMITTEE – COMMENTS:

SIGNED _____ DATE: _____

PROGRAMME DIRECTOR: _____

DATE: _____