Department of Obstetrics and Gynecology
Fourth Year Final Department Evaluation Form

Rotation Block Dates: ________________________________________________

Thank you for taking the time to fill out this survey. Your suggestions and comments are what help us keep our program updated.

This is a confidential evaluation of Residents, Faculty and Staff in the Department of OB/GYN. It is not necessary for you to sign your name to this form. Please fill out ONE form for each Resident, Faculty and Staff member that you worked with. This evaluation needs to be handed in on the last day of your rotation. This evaluation will NOT affect your final grade. Turn the form in to Betty Rowe in room 554, 1542 Tulane Ave., New Orleans, LA 70112 or you can fax them to 504-568-8840.

Type of Rotation: _______ AI _______ Elective

Location of Rotation: _______ Baton Rouge _______ Lafayette _______ New Orleans

Name of person you are evaluating: ________________________________________________

Please check only one:

This section is for Residents/Faculty and Staff evaluations.

1. Clear and Organized _______ Fail _______ Pass _______ High Pass _______ Honors
2. Enthusiastic _______ Fail _______ Pass _______ High Pass _______ Honors
3. Establishes Rapport _______ Fail _______ Pass _______ High Pass _______ Honors
4. Actively Involves Students _______ Fail _______ Pass _______ High Pass _______ Honors
5. Knowledgeable/Analytical _______ Fail _______ Pass _______ High Pass _______ Honors
6. Accessible to students _______ Fail _______ Pass _______ High Pass _______ Honors

This section is for Residents and Faculty evaluations only.

7. Demonstrates Clinical Skills and Procedures _______ Fail _______ Pass _______ High Pass _______ Honors
8. Overall Teaching Effectiveness _______ Fail _______ Pass _______ High Pass _______ Honors

Using the following grading scale please give a final grade for the person you are evaluating.

Grading Scale: Honors 90 – 100%  High Pass 80 – 89%  Pass 70 – 79%  Fail< 70%

Final Grade: _______ %

Additional Comments:_____________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Signature (Optional): ____________________________________________________________________