

Evaluation Form

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Continuity Clinic - Intern Clinic Observation (ICO)

Evaluator: _____

Evaluation of: _____

Date: _____

1. I observed this intern in this capacity today (describe the visit or what portions of the visit you saw today): *

2. This is what she/he did well: *

3. This is what she/he can improve upon: *

4. I discussed this feedback with the intern today. * Yes No

5. If this was not discussed with the intern, then please explain why not.

6. I feel this intern is: * Below where an he/she should be at this point in intern year based on observation today On track for this point in intern year (this should be the majority of interns) Clearly well ahead where an intern would typically be at this point in intern year based on observation today