



UNIVERSITY OF  
**SOUTH CAROLINA**  
School of Medicine

**Evaluation: Summative Resident/Fellow Evaluation Form (Preliminary Year[S])**

Dr. \_\_\_\_\_ Program/Specialty \_\_\_\_\_  
SSN: \_\_\_\_\_

**Verification:** The above-named physician served in the following preliminary program at Palmetto Health.

Program Name	From	To	Completed Program (Yes/No)

**Evaluation:** Based on demonstrated performance and evaluations by supervisors on file.

	Superior	Good	Fair	Poor
Basic Medical Knowledge				
Patient Care and Management				
Interpersonal and Communication Skills				
Professionalism				
Systems-based Practice				
Practice-based Learning and Improvement				
Overall Performance				

**Comments:**

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\_\_\_\_\_  
Program Director (Signature) \_\_\_\_\_  
Name (Printed/Typed)

\_\_\_\_\_  
Date

I have reviewed this document and permit the release of this information to any third party who inquires about my professional background.

\_\_\_\_\_  
Resident/Fellow (Signature) \_\_\_\_\_  
Name (Printed/Typed)

\_\_\_\_\_  
Date

I attest that the information supplied on this photocopy is a copy of an official evaluation on file in the department.

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Signature

Date

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Title

Reviewed 2/20/14