

Insall/Scott Faculty Evaluation Form

Faculty

Date of Evaluation

Evaluation Period

Fellowship Name / Identifier

Fellow

	Concerning	Average	Good	Excellent	N/A
Professional standards					
Knowledge base					
Involvement in decision-making					
Clinical judgment					
Clinical skills					
Ability to turn case/ assist you when appropriate					
Educational conference attendance and participation					
Involvement/ encouragement in research					
Effectively provides direction and feedback					
Expression of expectations for performance					
Quality of teaching skills					
Contributes to fellow's education					

Strengths: _____

Weaknesses: _____

Comments: _____

Signature_____