Performance Rating by Preceptor: Early Intervention Didactic Session

Resident's Name:_____

Preceptor's Name:_____

Date of Session:_____

The Resident:

1. Demonstrated appropriate professional behavior. ❑ Yes ❑ No
2. Actively listened. ❑ Yes ❑ No
3. Avoided the use of jargon or medical terms, or explained them. ❑ Yes ❑ No
4. Generally participated in the discussion. ❑ Yes ❑ No
5. Asked appropriate questions. ❑ Yes ❑ No
6. Did the resident arrive/depart at the scheduled time? If no, please explain. ❑ Yes ❑ No

The Session:

7. Was there more than one resident? If yes, how many? ❑ Yes ❑ No
8. If there was more than one resident, did this enhance the session? Please explain. ❑ Yes ❑ No
9. Was the resident post-call? ❑ Yes ❑ No
10. Was a person representing the family perspective present? If yes, please list who, along with any other staff present. ❑ Yes ❑ No

Please return this form to:
Physicians Training Project Coordinator
University of Connecticut
A. J. Pappanikou Center for Excellence
In Developmental Disabilities
263 Farmington Ave., MC 6222
Farmington, CT 06030
Fax: (860) 679-1571

11. Did the resident make suggestions to enhance future didactic sessions? If yes, please list. ❑ Yes ❑ No

12. Were there any difficulties with the sessions? ❑ Yes ❑ No

13. Did you have any outstanding experiences with this session? ❑ Yes ❑ No

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