

# Performance Rating by Preceptor: Special Education 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. Papanikou 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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