

## **General Evaluation Form for Clinical Radiation Oncology Rotations**

Treatment planning: Develops appropriate plans for specific diagnoses; reflects good understanding of current accepted practices; considers input from the multidisciplinary team (Question 2 of 23 - Mandatory)  NA Poor Fair Excellent  Treatment preparation: Simulates patients correctly; designs conformal external beam radiation therapy (Question 3 of 23 - Mandatory)  NA Poor Fair Excellent  O D 1 D 2 D 3 D 4 D 5 D 6 D 7 D 8 D 8		nt Name	):			Date:									
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Page 5 of 5. Evaluation Form.

Additional Comments (Question 23 of 23)		
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Resident Signature	Date	

Evaluator: please retain a copy for your records and give the original to the resident.

Resident: Please forward the original back to the CPMC GME Office.