

EVALUATION FORM

Pulmonology Training Program
Case Western Reserve University
Rainbow Babies and Childrens Hospital

Dr. _____ is applying for a fellowship position in the Pulmonology Training Program and your evaluation will be of great help in the selection process. The program is primarily designed to provide post-doctoral training in basic or clinical pulmonology research for candidates with either the M.D. or Ph.D. degrees. For individuals with the prerequisite clinical training, the fellowship experience will also lead to qualification for subspecialty boards in Medical or Pediatric Pulmonology.

Please rate the candidate with respect to the following qualities in comparison with others in your institution who are at a similar level of training. The following key should be used:

- 1. Superior; top 10% of students at similar level of training
- 2. Very good; well above average; upper third
- 3. Average; middle third
- 4. Below average; lower third
- X Insufficient information to evaluate

Additional comments are particularly important and strongly encouraged.

	<u>Circle appropriate response</u>				
1. General fund of information in present field or discipline	1	2	3	4	X
2. Evidence of ability to pursue knowledge of selected subjects in depth	1	2	3	4	X
3. Ability to analyze data and apply knowledge to reach conclusions.	1	2	3	4	X
4. Level of imagination and originality	1	2	3	4	X
5. Drive, level of effort and ambition in present discipline	1	2	3	4	X
6. Verbal communication skills	1	2	3	4	X
7. Written communication skills and ability to keep systematic records	1	2	3	4	X
8. Clinical skills (if applicable)	1	2	3	4	X
9. Personal relationships with peers, instructors and (if applicable) patients	1	2	3	4	X
10. Level of interest in research and teaching	1	2	3	4	X

Please comment on any of the above or any other characteristic which might bear on the probability of success of this candidate in a postdoctoral fellowship.

Comments, cont.

Signature _____

Typed name _____

Address _____

Relationship to candidate _____

Please return this form to James F. Chmiel, M.D., Department of Pediatrics, Division of Pediatric Pulmonology, Rainbow Babies and Childrens Hospital, BRB, 8th Fl., 2101 Adelbert Rd. Cleveland, OH 44106.

For completion by the candidate:

According to the Family Privacy Act of 1974, I request that you submit the above confidential evaluation to the training director listed above. I do _____, do not _____ waive my right to review this appraisal.

Candidate signature _____

Date _____