

STACER Feedback Form

Resident Name: _____ **Name of Assessor:** _____

PGY- level: _____ **Name of Assessor:** _____

- STACER Examination**
- Departmental Oral Examination**
- Mock Oral Examination**

Your performance on today's assessment based on your level of training: NB: PGY-4/5 residents are expected to be performing at the level of junior psychiatric consultants	<input type="checkbox"/> Met expectations	<input type="checkbox"/> Did not meet expectations
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COMMENTS:

STRENGTHS. The following contributed to your effectiveness:

- 1.
- 2.
- 3.

WEAKNESSES. You should consider modifying the following:

- 1.
- 2.
- 3.

RECOMMENDATIONS. To increase your effectiveness, you may wish to consider modifying the following:

- 1.
- 2.
- 3.

Resident Signature:	
Assessor Signature:	
Assessor Signature:	

Date: _____