

Children's Hospital of Pittsburgh – Resident Rotation Evaluation

Instructions: Resident, please fill out this evaluation in its entirety and return to Machele Maus at Machele.Maus@chp.edu. Feel free to use more space than is provided here.

1. Resident Name:

2. Date of Rotation:

3. Organization:

4. Location (City, Country):

5. Duration of elective (days):

6. Budget

a. Airfare cost

b. Housing cost

c. Food cost

d. Other cost

7. Responsibilities:

8. Participation in a project aside from clinical responsibility:

9. Praise for rotation:

10. Room for improvement:

11. Language(s) spoken at site:

12. Application process for elective:

13. Pitt faculty contact(s):

Name and email address:

14. Any additional thoughts about your rotation:

12. Email address if you are willing to be contacted by future residents: