

Interviewing Skills Feedback Form

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

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

<p>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</p>	<p><input type="checkbox"/> Met expectations</p>	<p><input type="checkbox"/> Did not meet expectations</p>
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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: _____