

PEDIATRIC \_\_\_\_\_ FELLOW  
SEMI-ANNUAL REVIEW RECORD

Fellow & Level \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Degree \_\_\_\_\_ PGY Year \_\_\_\_\_

Faculty Reviewer \_\_\_\_\_ Date \_\_\_\_\_

	Satisfactory	Unsatisfactory
Conference Attendance		
Faculty Evals		
ILP		
Procedure Log		
Patient Log		
ITE		

	Satisfactory	Unsatisfactory	Not Applicant at this time
ACGME Core Series			
Journal Club presentation & Evals			
M & M presentation & Evals			
Written Instructions (Letter)			
360° Professional Evals			
QI Project			
Retreat Attendance and participation			

Summary of Fellow's evaluations and any concerns

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Fellow's SOC, scholarly progress

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Fellow's perception of his/her training experience

Fellow's Feedback regarding the training program: concerns, successes, unreported duty hour violations, problems, concerns

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Discussion of Fellow's elective experiences/plans

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Define Fellow's Reading Plan/Board Preparation Plan

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Discussions of Fellow's career goals and plans for this following year