

FINAL IN-TRAINING EVALUATION REPORT
and
CONFIRMATION OF COMPLETION OF TRAINING
Laboratory Specialties

NAME: Surname _____ Given Name(s) _____

PROGRAM: ☐ Cytogenetics ☐ Biochemical ☐ Molecular

INSTITUTION: _____, UNIVERSITY: _____

DATE TRAINING STARTED _____, COMPLETED _____

CRITERIA	FAIL	BORDER- LINE	PASS	OUTSTAN- DING	NOT APPL.	CANNOT ASSESS
A. FUNDAMENTAL SKILLS						
1. LABORATORY RESULT ASSESSMENT AND INTERPRETATION						
2. RECORDS & REPORTS (INCLUDING ORAL REPORTS)						
3. CONSULTATIVE SKILLS AND FOLLOW-UP OF CASES						
4. SOUNDNESS OF JUDGEMENT & DECISIONS						
5. PERFORMANCE UNDER PRESSURE						
B. TECHNICAL SKILLS						
1. TECHNICAL SKILLS RELATED TO: CYTOGENETICS/BIOCHEMICAL/MOLECULAR						
2. USE AND CARE OF LABORATORY EQUIPMENT						
3. SAFETY						
C. SPECIAL CRITERIA						
LABORATORY MANAGEMENT SKILLS						
D. PROFESSIONAL ATTITUDES						
1. LABORATORY STAFF RELATIONSHIPS						
2. CLINICAL STAFF RELATIONSHIPS						
3. SENSE OF RESPONSIBILITY						
4. ATTENTION TO QUALITY ASSURANCE MEASURES (ACCURACY, PREVENTION)						
5. SELF-ASSESSMENT ABILITY (INSIGHT)						
E. RESEARCH						
F. KNOWLEDGE						
1. LABORATORY SPECIALTY						
2. CLINICAL GENETICS						
3. BASIC SCIENCE						

COMMENTS: (please use other side of page)

COMMENTS

2.

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Has the candidate demonstrated the professional ability to practise effectively and responsibly and act as a consultant in the stated specialty? ☐ 0

yes ☐ 0 no

Is the candidate's moral and ethical standing satisfactory? ☐ 0 yes ☐ 0 no

Was evaluation done by:

☐ 0 one individual, (name) _____
how well does he/she know the trainee _____

☐ 0 a committee, _____

☐ 0 other (please explain) _____

(date)

name/signature of evaluator

name/signature of program director

This is to attest that I have read this document:

(date)

(name of trainee)

(signature of trainee)