OB/GYN CLERKSHIP: Grade Inventory Sheet

IF YOU HAVE NOT TURNED IN AN EVALUATION(S) PLEASE PROVIDE THE INFORMATION ON THIS SHEET – List Rotation you were on and the attending or resident you asked to complete the evaluation. I will follow up with him/her.

Name: _____

Attending(s) worked with :	Rotation & days worked with:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Resident(s) Worked with:	Rotation & days worked with:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____