Council on Diagnostic Imaging

PART 2

RESIDENT'S NAME:_____

RADIOLOGY DEPARTMENT DIRECTOR'S REPORT

(Director: Please complete, sign, and return this report directly to the Council Secretary at the address below *by October 15th, February 15th,* or J*une* 15*th*.)

Is this resident progressing on schedule and meeting your targeted objectives? **YES _____ NO_____**
(If no, please provide a brief explanation for this response)

Please rate this resident's progress and performance during this reporting period as: (*mark* one with an "X")

Failing **Average**

Poor **Above Average**

Below Average **Excellent**

Is this resident continuing in your training program during the next 4 months? **YES_____ NO_____**
(If no, please provide a brief explanation.)

On the basis of this resident's progress and performance, are you extending your recommendation to the Council for continuing funding of this resident? **YES____ NO____**
(If no, please provide a brief explanation.)

Additional comments you feel are beneficial that relates to this resident's performance in your program?

_____
Department Director's Signature **Date**

Fill this form out on your computer in the fields provided, print, sign and date and sent to the CDI Secretary, Dr. Steven Gould at PO Box 190, Cheney, KS 67025