

Memorial University
Test Area

Evaluated By : **evaluator's name**
Evaluating : **person (role) or moment's name (if applicable)**
Dates : **start date to end date**

* indicates a mandatory response

COMPETENCE COMMITTEE PREPARATION RECORD

Instructions: To be completed by the primary reviewer prior to the Competence Committee meeting.

*1. Status with Attempted EPA observations

- A) On Track
- B) On Accelerated Trajectory
- C) Slightly Behind
- D) Significantly Behind

2. Comments:

*3. Status with Successful EPA Observations

- A) On Track
- B) Slightly Behind
- C) Significantly Behind
- D) On Accelerated Trajectory

4. Comments:

5. EPAs the primary reviewer recommends to be marked as achieved - **Transition to Discipline**

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

*Did you have an opportunity to meet with this trainee to discuss their performance?

- Yes
- No

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

- Yes
- No

*Are you in agreement with this assessment?

Yes

No

Please enter any comments you have(if any) on this evaluation.