

DOCUMENTATION OF GRADUATE MEDICAL EDUCATION TRAINEE COUNSELING  
AND EVALUATION

From:

To:

Ref: (a) BUMEDINST 1524.1B

1. According to reference (a), a counseling and/or follow-up evaluation session has been held on

\_\_\_\_\_ with the above-identified trainee with regard to his/her performance.

2. The following persons were in attendance:

3. The following areas of perceived exceptional performance or deficiencies in performance were identified and discussed:

4. The following corrective recommendations were made:

5. Staff and trainee responses were as follows:

6. Date: \_\_\_\_\_ Counselor: \_\_\_\_\_

7. Resident's acknowledgement statement: The formal evaluation of my performance has been discussed with me as noted above. I have had the opportunity to read and discuss this document and understand the recommendations made regarding my performance. I do/do not desire to make a further statement. (Additional statements may be made on a separate sheet).

Date: \_\_\_\_\_ Resident signature: \_\_\_\_\_