STACER Assessment Form

Resident Name: ___________________________ Name of Assessor: ___________________________

PGY-level: ___________________________ Name of Assessor: ___________________________

☐ Exit STACER Examination
☐ General STACER Examination
☐ Practice STACER Examination

Your performance on today’s assessment based on your level of training:
NB: PGY-4/5 residents are expected to be performing at the level of junior psychiatric consultants

☐ Met expectations  ☐ Did not meet expectations

COMMENTS:

STRENGTHS. The following contributed to your effectiveness:
1.
2.
3.

WEAKNESSES. You should consider modifying the following:
1.
2.
3.

RECOMMENDATIONS. To increase your effectiveness, you may wish to consider modifying the following:
1.
2.
3.

Resident Signature:

Assessor Signature:

Assessor Signature:

Date: ___________________________