



EUROPEAN BOARD OF OPHTHALMOLOGY

Residency Exchange Committee
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Questionnaire for the Chairman

Your training center:

Trainee's name:

Town:

Country:

Dates present:

Please grade the following in marks from 1-10, with 1 being poor and 10 outstanding.

	1	2	3	4	5	6	7	8	9	10
1. The ability of trainees communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Adherence to trainee's schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Attitude of the trainee to the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your comments:

Your signature:

Return Address:

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