Evaluated By: evaluator's name

Evaluating : person (role) or moment's name (if applicable)

Dates : start date to end date

* indicates a mand	latory response
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Form-3: Project Progress Report	F	orm-3:	Pro	iect	Progress	Report
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Please submit this one 45 form no later than the first Tuesday in September of the PGY2 year.			
*Project title:			
*Type of project:			
C Clinical Education Tool			
C Literature Appraisal / EBM Review			
C Medical / Health Humanities			
C Position Paper / Essay			
C Quality Improvement / Patient Safety			
C Research			
${f C}$ other (if "other" please elaborate in the comment box below.)			
Comments:			
*As the Project Supervisor I have reviewed the progress of the resident project			
○ No			
C No C Yes			
 No ✓ Yes As the Project Co-Supervisor (if applicable), I have reviewed the progress of the resident project. 			
 ○ No ○ Yes As the Project Co-Supervisor (if applicable), I have reviewed the progress of the resident project. 			
*As the Project Supervisor, I have reviewed the progress of the resident project. O No O Yes As the Project Co-Supervisor (if applicable), I have reviewed the progress of the resident project. O No O Yes			
© No © Yes As the Project Co-Supervisor (if applicable), I have reviewed the progress of the resident project. © No			
 ○ No ○ Yes As the Project Co-Supervisor (if applicable), I have reviewed the progress of the resident project. ○ No ○ Yes 	n/a	No	Yes

	n/a	No	Yes	
*If "Yes", has REB been obtained?	0	0	0	

If "No", what is the status/plan?