Resident Schedule for Evaluation

Residents	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Alemu	Alemu	Paplomata					Alemu	Paplomata				
Green	Green	Swamy					Green	Swamy				
Ipe	Ipe	Yager					Mathews	Yager				
Paplomato	Mathews											
Swamy												
Mathews												
2nd year												
Boe			Boe	Tarjan					Boe	Tarjan		
Holland			Holland	Tobey					Holland	Tobey		
Mcleroy			Mcleroy	Velazquez					Mcleroy	Velazquez		
Velazquez												
Tarjan												
Tobey												
1st year												
Alvarez					Alvarez						Alverez	
Aziz					Aziz						Aziz	
Kang					Lamb						Lamb	
Malbas					Kanag	Malbas					Kang	Malbas
Opondo						Oponda						Opondo
Zatilyan						Zatikyan						Zatik

RESIDENT EVALUATION FORM OF PATIENT GOALS

Resident: _____

Patient Name/ Med Rec. #	HgA1c Check	HgA1c Goal / Comments	Lipid Check	Lipid Goal /Comments

Urine MicroAlbumin Y / N	B/P @ Goal	On ACEI or ARB / Comments	Ophthalmology Exam UTD Y /N	Foot Exam Documented Y / N