

**Yale University
Yale Nephrology Fellowship Program**

FELLOW 360° EVALUATION*

Self Evaluation by Fellow

Date: _____ Fellow: _____

In the box below, please reflect on your own experience during your nephrology fellowship. This is meant to be a self-evaluation of your time so far. This may include specific examples, patient interactions, learning opportunities, areas of strength/ weakness, or goals for the remainder of your fellowship if that helps you. Please limit your comments to the space below.

*To be used to assess one aspect of Fellow performance during the year. This assessment complements, but does not replace, the end-of-year assessments.