Kingdom of An Tir
Apprentice Training Feed-Back

This form allows an apprentice Chirurgeon the opportunity to comment on the quality of the instruction/supervision given them by the Chirurgeons who have signed their Apprentice Authorization Card. It is intended to help us provide feed-back to the Chirurgeons of An Tir so that excellence can be recognized, or assistance provided for those who may need it. *These forms will remain confidential and only Kingdom Chirurgeonate staff will have access to the files.*

Issued to:_____
(Apprentice's Mundane Name)

Apprentice's SCA Name: _____

SCA Name of the Chirurgeon Who Evaluated You: _____

Event:_____ Dates: _____

Summarize incidents you were involved with (include "Band Aid" requests): _____

_____

_____

_____

_____

_____

Please rate your Evaluator's skills

	Poor »»»»»»»**Good**»»»»»» **Excellent**				
Helpfulness / Responsiveness To Questions	❑1	❑2	❑3	❑4	❑5
General Instructional Skills	❑1	❑2	❑3	❑4	❑5
Communication Skills	❑1	❑2	❑3	❑4	❑5
Ability To Inspire Confidence An Apprentice	❑1	❑2	❑3	❑4	❑5

Would you allow this Chirurgeon treat you if you were injured? Y / N

If No, then why: ❑ Personality Conflict ❑ Other:_____

_____

_____

_____

Additional Comments: _____

_____

_____

_____

Apprentice Chirurgeon's Mundane Name:_____

Legal Signature:_____

Note to the Apprentice: ***Do not*** *return this form to the Chirurgeon you are evaluating. Mail it only to the An Tir Kingdom Chirurgeon.*

KINGDOM USE ONLY	
Date issued:	
Issued by (Initials):	
Date Received Back At Kingdom:	
Processed by:	