

Kingdom of An Tir Apprentice Chirurgeon Evaluation

Issued to: _____
(Apprentice's Mundane Name)

SCA Name: _____

Event: _____ Dates: _____

Chirurgeon In Charge: _____

Summarize incidents the Apprentice was involved with (include "Band Aid" requests): _____

Please rate the Apprentice's skills

Poor >>>>>>>Good>>>>>>> Excellent

Attentiveness / Responsiveness 1 2 3 4 5

Presence of mind / Triage ability 1 2 3 4 5

First Aid Skills 1 2 3 4 5

Communication Skills 1 2 3 4 5

Ability to inspire confidence in patients 1 2 3 4 5

Judging by today's performance, would you recommend this apprentice for a warrant? Y / N

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

If No, then why: Personality Conflict Other: _____

Additional Comments: _____

Evaluating Chirurgeon's SCA Name: _____

Mundane Name: _____

Legal Signature: _____

Note to the signing Chirurgeon: Do not return this form to the Apprentice.
Mail it to the An Tir Kingdom Deputy For Apprentices. See Crier for address

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