TRAINEE’S CRITIQUE OF FTEP PROGRAM

Training Week/Block: ___________________ Date: ___________________
Trainee: ___________________ FTO: ___________________

The trainee has been trained through week/block in the FTEP Manual. The trainee has successfully completed the FTEP, in order to improve the FTEP it is important that trainees provide a critique of the program (Please provide an honest critique of the program).

SIGNIFICANT STRENGTHS:

SIGNIFICANT WEAKNESS: