# EPA Evaluation form

EPA Name and Number:

Supervisor Name:

Resident Name:

Date:

Level of Supervision or Independence:

(Please rate confidence in each area where 1 is the least confident and 4 is the most confident.)

Subjective (1-4):

Objective (1-4):

Assessment (1-4):

Plan (1-4):

Case studies?

‘What if’ questions?

**Overall Naturopathic Score (1-4):**