



Internship Evaluation Form

DEPARTMENT:	<input type="checkbox"/> PT	<input type="checkbox"/> MET	<input type="checkbox"/> MDL	<input type="checkbox"/> NURS	<input type="checkbox"/> RMI	<input type="checkbox"/> HIF
INTERN:	PERIOD: <input type="checkbox"/> TERM1 <input type="checkbox"/> TERM2					
HOSPITAL:	FROM:/...../.....					
DEPARTMENT:	TO:/...../.....					

EVALUATION		
PERFORMANCE MARKS		POSITIVE QUALITIES
ATTENDANCE	10	Choose qualities that best describe the intern: <input type="checkbox"/> Punctual <input type="checkbox"/> Intelligent <input type="checkbox"/> Good English <input type="checkbox"/> Motivated <input type="checkbox"/> Professional <input type="checkbox"/> Hard-worker <input type="checkbox"/> Organized <input type="checkbox"/> Cooperative <input type="checkbox"/> Willing to learn
BEHAVIOUR	10	
KNOWLEDGE	10	
TIME MANAGEMENT	10	
COMMUNICATION SKILLS	10	
COMPLETION OF ASSIGNED WORK	10	
PROPER PATIENT/EQUIPMENT CARE	10	COMMENTS / RECOMMENDATIONS
PROPER USE OF INSTRUMENTS	10	
SAFETY/QUALITY	10	
EDUCATIONAL ACTIVITIES	10	
TOTAL	%100	

APPROVED LEAVES (DAYS)	REGULAR:	EMERGENCY:	SICK:
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	DO YOU RECOMMEND THE INTERN AS A PROFESSIONAL IN HIS/HER FIELD? <input type="checkbox"/> HIGHLY RECOMMENDED <input type="checkbox"/> RECOMMENDED <input type="checkbox"/> NOT RECOMMENDED	OFFICIAL STAMP Send in SIGNED & SEALED envelope
SIGN	INTERN	
	SUPERVISOR	
	INTERNSHIP COORDINATOR	

FOR COLLEGE USE	
OFFICE FOR VICE DEANSHIP OF CLINICAL TRAINING	<input type="checkbox"/>