**Internship Evaluation Form**

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| DEPARTMENT: ☐PT ☐MET ☐MDL ☐NURS ☐RMI ☐HIF |
| INTERN: | PERIOD: ☐TERM1 ☐TERM2  |
| HOSPITAL: | FROM: ………./…………/…………. |
| DEPARTMENT: | TO: ………./…………/…………. |

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| **EVALUATION** |
| PERFORMANCE MARKS | POSITIVE QUALITIES |
| ATTENDANCE | 10 |  | Choose qualities that best describe the intern: |
| BEHAVIOUR | 10 |  |  ☐Punctual  | ☐Intelligent  | ☐Good English |
| KNOWLEDGE | 10 |  |  ☐Motivated  | ☐ Professional | ☐ Hard-worker |
| TIME MANAGEMENT | 10 |  |  ☐ Organized  | ☐ Cooperative  | ☐ Willing to learn |
| COMMUNICATION SKILLS | 10 |  |  |
| COMPLETION OF ASSIGNED WORK | 10 |  | **COMMENTS / RECOMMENDATIONS** |
| PROPER PATIENT/EQUIPMENT CARE  | 10 |  |   |
| PROPER USE OF INSTRUMENTS | 10 |  |  |
| SAFETY/QUALITY | 10 |  |  |
| EDUCATIONAL ACTIVITIES | 10 |  |  |
| **TOTAL** | **100%** |  |  |
|  |  |  |  |
| APPROVED LEAVES (DAYS) | REGULAR: | EMERGENCY: | SICK: |
|  |  |
| **DO YOU RECOMMEND THE INTERN AS A PROFESSIONAL IN HIS/HER FIELD?** | ☐ HIGHLY RECOMMENDED | **OFFICIAL STAMP****Send in SIGNED & SEALED envelope** |
| ☐ RECOMMENDED |
| ☐ NOT RECOMMENDED |
| **SIGN** | **INTERN** |
| **SUPERVISOR** |
| **INTERNSHIP COORDINATOR** |
|  |  |
| **FOR COLLEGE USE** |
| * **OFFICE FOR VICE DEANSHIP OF CLINICAL TRAINING**
 | ☐ |