**Internship Evaluation Form**

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

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | | | | | | | | | | ☐ |