

**Internship Evaluation Form for laboratory Medicine**

INTERN Name:	PERIOD: <input type="checkbox"/> TERM1 <input type="checkbox"/> TERM2 <input type="checkbox"/> TERM3
HOSPITAL:	FROM: ...../...../.....
DEPARTMENT:	TO: ...../...../.....

EVALUATION		
PERFORMANCE MARKS		POSITIVE QUALITIES
ATTENDANCE	10	<b>Choose qualities that best describe the intern:</b> <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	<b>COMMENTS / RECOMMENDATIONS</b>
PROPER PATIENT/EQUIPMENT CARE	10	
PROPER USE OF INSTRUMENTS	10	
SAFETY/QUALITY	10	
EDUCATIONAL ACTIVITIES	10	
<b>TOTAL</b>	<b>100%</b>	

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	OFFICIAL STAMP Send in SIGNED & SEALED envelope
	<input type="checkbox"/> RECOMMENDED	
	<input type="checkbox"/> NOT RECOMMENDED	
SIGN	INTERN:	
	SUPERVISOR:	
	INTERNSHIP COORDINATOR:	

FOR COLLEGE USE		
Head OF Clinical Training Sector:	Dean of the College:	<input type="checkbox"/>
Name: .....Signature:	Name: .....Signature:	