



INTERN EVALUATION FORM

Department of Clinical Nutrition
قسم التغذية الإكلينيكية

INTERN:	PERIOD:	T1	T2	T3
HOSPITAL:	FROM:	/	/	
SITE / SECTION :	TO:	★ /	/	

EVALUATION		
PERFORMANCE MARKS	POSITIVE QUALITIES	
ATTENDANCE	10	
BEHAVAIOR	10	
KNOWLEDGE	10	
COMMUNICATION SKILLS	10	
COMPLETION OF ASSIGNED WORK	10	
ANALYTICAL SKILLS	10	
PROPER PATIENT CARE	10	
ORGANIZATIONAL SKILLS	10	
SAFETY/QUALITY	10	
EDUCATIONAL ACTIVITIES	10	
TOTAL	100%	

Choose qualities that best describe the intern:

Punctual	Intelligent	Good English
Motivated	Professional	Hard-worker
Organized	Cooperative	Willing to learn

COMMENTS / RECOMMENDATIONS

APPROVED LEAVES (DAYS)	REGULAR:	EMERGENCY:	SICK:
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DO YOU RECOMMEND THE INTERN AS A CLINICAL DIETITIAN?	HIGHLY RECOMMENDED	OFFICIAL STAMP
	RECOMMENDED	
	NOT RECOMMENDED	
SIGN	▪ INTERN	Send in SIGNED & SEALED envelope.
	▪ SUPERVISOR	
	▪ INTERNSHIP COORDINATOR	

FOR FACULTY USE	
▪ OFFICE FOR CLINICAL AFFAIRS	<input type="checkbox"/>