



INTERN EVALUATION FORM	Department of Physical Therapy قسم العلاج الطبيعي
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INTERN:	PERIOD:	T1	T2	T3
HOSPITAL:	FROM:	/	/	
DEPARTMENT:	TO:	/	/	

EVALUATION			
PERFORMANCE MARKS		POSITIVE QUALITIES	
ATTENDANCE	10	Choose qualities that best describe the intern:	
BEHAVAIOR	10	Punctual	Intelligent
KNOWLEDGE	10	Motivated	Professional
TIME MANAGEMENT	10	Organized	Cooperative
COMMUNICATION SKILLS	10	Good English	Hard-worker
COMPLETION OF ASSIGNED WORK	10	Willing to learn	
PROPER PATIENT 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 PHYSIOTHERAPIST?	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"/>