

## INTERNSHIP EVALUATION FORM

### SECTION ONE

NAME

SPECIALTY

☐ PHYSICAL THERAPY

DATE

FROM

/ /200

To

/ /200

HOSPITAL

DEPARTMENT

#### GENERAL EVALUATION

#### MARKS

Attendance (5).

Punctuality (5).

Attitude, behavior and courtesy (5).

Time management at work (5).

Apply safety Procedures (5).

**TOTAL (25)**

#### ACCOMPLISHMENT OF ASSIGNMENTS

#### MARKS

Acquired appropriate knowledge (5).

Acquired appropriate skills (5).

Quality and accuracy of work (5).

Work proceeds in orderly and organized manner (5).

**TOTAL (20)**

#### INITIATIVE AND MOTIVATION

#### MARKS

Works effectively with minimal supervision (5).

Initiates appropriate actions and follows through to completion (5).

Uses and manages time efficiently (5).

**TOTAL (15)**

#### COMMUNICATION SKILLS

#### MARKS

Comprehension of oral and written instructions (5).

Communicates information orally with clarity (5).

Written communication is complete, concise and accurate (5).

**TOTAL (15)**

#### INTERPERSONAL RELATIONS

#### MARKS

Accepts direction from supervisor (5).

Accepts constructive criticism of performance (5).

Coordinates with the team work (5).

**TOTAL (15)**

#### KNOWLEDGE AND COMMITMENT

#### MARKS

Overall quality of internship student (10).

Understanding of relevance to the specialty (10).

Understanding of organization's role in the larger context (10).

**TOTAL (30)**

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### SECTION TWO

TECHNICAL, ANALYTICAL AND MANAGEMENT	MARK
Understands & follows procedure manual (5).	
Work load management (5).	
Proper use of instruments (5).	
Follows quality assurance procedures (5).	
Maintains a clean orderly work area (5).	
Recognition of panic and danger values and reporting it to supervisor (Risk management) (5).	
Ability to solve technical problems by suggesting alternative strategies (5).	
Interpretation and correlation of clinical diagnosis (5).	
QC check before accepting and reporting results ( <b>ONLY Medical Technology</b> ) (5)	
Proper patient care and handling ( <b>Applicable to all EXCEPT Medical Technology</b> ) (5).	
<b>TOTAL</b>	

### SECTION THREE

SEMINAR OR TALK GIVEN BY THE INTERN		
TITLE	DATE	MARK
<b>TOTAL</b>		

SEMINARS, LECTURES, SCIENTIFIC OR CLINICAL MEETINGS ATTENDED			
TITLE	DATE	CME	MARK
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>TOTAL</b>			



## INTERNSHIP EVALUATION FORM

### SUPERVISOR RECOMMENDATIONS FOR INTERN IMPROVEMENT

<b>Professional strengths (Please note any professional strength that you observed in the intern)</b>
<b>Other Comments</b>

<b>OVER ALL EVALUATION (100%)</b>	
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	NAME	SIGNATURE	DATE
<b>INTERN</b>			

	NAME	SIGNATURE	DATE
<b>INSTRUCTOR</b>			
<b>HEAD OF THE DEPARTMENT</b>			



## INTERNSHIP EVALUATION FORM

<b>INSTITUTE OFFICIAL STAMP</b>	
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### FOR FACULTY USE ONLY

	NAME	SIGNATURE	DATE
VICE DEAN CLINICAL AFFAIRS APPROVAL	DR. MOHAMMED S AL-DAHR		

This form is to be completed by the student's supervisor at the end of the internship interval, signed by the supervisor, intern and head of the department, and submitted to the Vice Dean of Clinical Affairs, Dr. **MOHAMMED SAIEM AL-DAHR**, Faculty of applied Medical sciences, King Abdulaziz University, fax to +966 (2) 6951663 or email [mdahr@kau.edu.sa](mailto:mdahr@kau.edu.sa).  
(dr.mhsa2000@yahoo.com)