



INTERN EVALUATION FORM	Department of Medical Laboratory Technology قسم تقنية المختبرات الطبية
-------------------------------	--

INTERN:	PERIOD: <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3
HOSPITAL:	FROM: / /
LABORATORY:	TO: / /

EVALUATION		
PERFORMANCE MARKS	POSITIVE QUALITIES	
ATTENDANCE	10	Choose qualities that best describe the intern: <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
BEHAVAIOR	10	
KNOWLEDGE	10	
COMMUNICATION SKILLS	10	
COMPLETION OF ASSIGNED WORK	10	
PROPER USE OF INSTRUMENTS	10	
ANALYTICAL SKILLS	10	COMMENTS / RECOMMENDATIONS
RESULT INTERPRETATION	10	
SAFETY/QUALITY	10	
EDUCATIONAL ACTIVITIES	10	
TOTAL	100%	

APPROVED LEAVES (DAYS)	REGULAR:	EMERGENCY:	SICK:
-------------------------------	-----------------	-------------------	--------------

DO YOU RECOMMEND THE INTERN AS A MEDICAL LAB TECHNOLOGIST?	<input type="checkbox"/> HIGHLY RECOMMENDED	OFFICIAL STAMP
	<input type="checkbox"/> RECOMMENDED	
	<input type="checkbox"/> NOT RECOMMENDED	
SIGN	▪ INTERN	Send in SIGNED & SEALED envelope.
	▪ SUPERVISOR	
	▪ INTERNSHIP COORDINATOR	

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