

CN EVALUATION

King Abdulaziz University
 Faculty of Applied Medical Sciences
 Office for Clinical Affairs



جامعة الملك عبدالعزيز
 كلية العلوم الطبية التطبيقية
 وكالة الشؤون السريرية

INTERN EVALUATION FORM

**Department of Clinical Nutrition
 قسم التغذية الإكلينيكية**

This form is to be completed by the PRECEPTOR, then sent or emailed to the Office for Clinical Affairs

INTERN'S NAME:	
COMPUTER NO:	YEAR: 201 / (G) – 143 / (H)

PERIOD: <input type="radio"/> T1 <input type="radio"/> T2 <input type="radio"/> T3	FROM: / /	TO: / /
HOSPITAL:		SITE:
ATTENDANCE	10	COMMENTS
BEHAVAIOR	10	
KNOWLEDGE	10	
COMMUNICATION SKILLS	10	
ANALYTICAL SKILLS	10	
PROPER PATIENT CARE	10	
TAKING INITIATIVE / MOTIVATION	10	
ORGANIZATIONAL SKILLS	10	
RESPONSIBILITY	10	
OTHERS (seminars, activities, etc)	10	
TOTAL	100%	
<input type="checkbox"/> INTERN		
<input type="checkbox"/> PRECEPTOR		
<input type="checkbox"/> DEPARTMENT HEAD		
DO YOU RECOMMEND THE INTERN AS A CLINICAL DIETITIAN?	<input type="radio"/> HIGHLY RECOMMENDED	HOSPITAL OFFICIAL STAMP
	<input type="radio"/> RECOMMENDED	
	<input type="radio"/> NOT RECOMMENDED	
		Please advise student to return hospital ID BADGE

FOR FACULTY USE	
FACULTY INTERNSHIP COORDINATOR	VICE DEAN FOR CLINICAL AFFAIRS
Date: / /	Date: / /