

**PT EVALUATION**

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



جامعة الملك عبدالعزيز  
 كلية العلوم الطبية التطبيقية  
 وكالة الشؤون السريرية

<b>INTERN EVALUATION FORM</b>	<b>Department of Physical Therapy</b> <b>قسم العلاج الطبيعي</b>
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This form is to be completed by the INSTRUCTOR, then sent or emailed to the Office for Clinical Affairs

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

<b>PERIOD:</b> <input type="radio"/> Q1 <input type="radio"/> Q2 <input type="radio"/> Q3 <input type="radio"/> Q4	<b>FROM:</b>	/	/	<b>TO:</b>	/	/
<b>HOSPITAL:</b>			<b>DEPARTMENT:</b>			
<b>ATTENDANCE</b>	10	<b>COMMENTS</b>				
<b>BEHAVIOUR</b>	10					
<b>KNOWLEDGE</b>	10					
<b>COMMUNICATION SKILLS</b>	10					
<b>TIME MANAGEMENT</b>	10					
<b>PROPER USE OF INSTRUMENTS</b>	10					
<b>PROPER PATIENT CARE</b>	10					
<b>SAFETY/QUALITY</b>	10					
<b>ATTENDED THE ORIENTATION PROGRAM?</b>	10					
<b>OTHERS</b> (Meetings, seminars, activities, etc.)	10					
<b>TOTAL</b>	<b>100%</b>					

▪ <b>INTERN</b>	
▪ <b>INSTRUCTOR</b>	
▪ <b>DEPARTMENT HEAD</b>	

<b>DO YOU RECOMMEND THE INTERN AS A PHYSIOTHERAPIST?</b>	<input type="radio"/> HIGHLY RECOMMENDED <input type="radio"/> RECOMMENDED <input type="radio"/> NOT RECOMMENDED	<b>HOSPITAL OFFICIAL STAMP</b>  Please advise student to return hospital ID BADGE
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FOR FACULTY USE	
<b>FACULTY INTERNSHIP COORDINATOR</b>	<b>VICE DEAN FOR CLINICAL AFFAIRS</b>
Date:    /    /	Date:    /    /