

## RD EVALUATION

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



جامعة الملك عبدالعزيز  
كلية العلوم التطبيقية  
وكالة الشؤون السريرية

## INTERN EVALUATION FORM

Department of Diagnostic Radiology  
قسم الأشعة التشخيصية

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

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

PERIOD: <input type="radio"/> R1 <input type="radio"/> R2	FROM: / /	TO: / /
HOSPITAL:		DEPARTMENT:
ATTENDANCE	10	COMMENTS
BEHAVIOUR	10	
KNOWLEDGE	10	
COMMUNICATION SKILLS	10	
TIME MANAGEMENT	10	
PROPER USE OF MACHINES	10	
PROPER PATIENT CARE	10	
SAFETY/QUALITY	10	
ATTENDED THE ORIENTATION PROGRAM?	10	
OTHERS (Meetings, seminars, activities, etc.)	10	
<b>TOTAL</b>	<b>100%</b>	
<input type="checkbox"/> INTERN <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> DEPARTMENT HEAD		
DO YOU RECOMMEND THE INTERN AS A DIAGNOSTIC RADIOLOGIST?	<input type="radio"/> HIGHLY RECOMMENDED	HOSPITAL OFFICIAL STAMP  Please advise student to return hospital ID BADGE
	<input type="radio"/> RECOMMENDED	
	<input type="radio"/> NOT RECOMMENDED	

## FOR FACULTY USE

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