



King Abdulaziz University  
Faculty of Applied Medical Sciences  
Clinical Affairs and Development



## NURSING INTERNSHIP EVALUATION FORM

NAME OF INTERN -----

DATE OF ROTATION: FROM ----- TO -----

NAME OF HOSPITAL -----

DEPARTMENT -----

Dear evaluator this form is designed to evaluate the nursing interns working in your department. Kindly fill up the following evaluation criteria with appropriate grade that represents the intern's performance.

Then send or e-mail it to intern coordinator, nursing department,  
[Nurse.intern.kau@hotmail.com](mailto:Nurse.intern.kau@hotmail.com)



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	Criteria	Total grade	Student grade
<b>I</b>	<b><u>KNOWLEDGE</u></b>		
1	Demonstrates knowledge related to patient health status	5	
2	Comprehends the hospital rules and regulations	5	
<b>II</b>	<b><u>PROFESSIONAL SKILL</u></b>		
1	Proceeds working in an organized manner	5	
2	Performs independently the assigned task or with minimal supervision	5	
3	Applies nursing care plan competently	5	
4	Solves problem and makes (non routine) appropriate decision	5	
5	Demonstrates initiative to complete tasks	5	
6	Applies principles of patient safety.	5	
7	Follows aseptic technique in providing nursing care.	5	
<b>III</b>	<b><u>Professional attitude</u></b>		
1	Shows motivation to learn and seek new learning opportunities	5	
2	Demonstrates accountability and professional conduct	5	
3	Accepts constructive criticism in positive manner	5	
4	Respects others opinion/ideas	5	
5	Demonstrates supportive attitude towards patient and family	5	
6	Co-operates with other members on multidisciplinary team	5	
7	Follows hospital rules regarding dress/uniform code	5	
8	Maintains good attendance record and punctuality(breaks)	5	
9	Comprehends and follows the instruction (oral & written	5	
<b>IV</b>	<b><u>Documentation</u></b>	5	
1	Maintains complete, accurate, concise and current nursing documentation(nursing note )	5	
<b>Total</b>		100	

<b>Overall performance of the intern</b>	Excellent 100-90	Good 89-70	fair 69-60	Unsatisfactory Below 60
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**Attendance record:**

Absent days \_\_\_\_\_

Emergency leave days \_\_\_\_\_

Sick leave days \_\_\_\_\_

Educational days \_\_\_\_\_



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**Comments: (any strength or weakness shown by the student intern)**

**Head Nurse:**

\_\_\_\_\_

Head nurse signature: \_\_\_\_\_ Date \_\_\_\_\_

**Clinical Instructor:**

\_\_\_\_\_

CI signature: \_\_\_\_\_ Date \_\_\_\_\_

**Student Intern:**

The evaluation has been explained to me: I agree \_\_\_\_\_ I disagree \_\_\_\_\_

Student signature: \_\_\_\_\_ Date \_\_\_\_\_

**Nurse Internship Coordinator (Hospital):**

signature \_\_\_\_\_ Date \_\_\_\_\_

**Nurse Internship Coordinator (University):**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Vice Dean Clinical Affairs Approved:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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