

## Intern Evaluation Form

Intern Name (CAPITAL LETTERS): ..... University ID No: .....  
Academic Year: ..... Department: ..... Specialty: .....  
Rotation Site (Hospital): .....  
Rotation area (Sub- Specialty (If any): ..... Rotation Period: From: ..... To: .....  
No. of Days Completed: ..... No of Days off: .....

CRITERIA		RATINGS					
		Unsatisfactory	Needs Improvement	Good	Very Good	Excellent	NA
<b>1. Knowledge</b>							
1.1	▪ Basic knowledge Specialty						
1.2	▪ Basic knowledge common						
<b>2. Practical and Problem Solving Skills</b>							
2.1	▪ Mastering main professional and technical skills						
2.2	▪ Develops options regarding technical /clinical situations						
2.3	▪ Ability of evaluation and accepting feedback						
2.4	▪ Manage and resolve work conflicts effectively.						
2.5	▪ Organization of work and data documentation						
<b>3. Communication and computation Skills</b>							
3.1	▪ Read, compute and follow written materials						
3.2	▪ Communicates concepts and ideas clearly in writing						
3.3	▪ Demonstrates effective verbal communication skills						
<b>4. Interpersonal and Teamwork Skills</b>							
4.1	▪ Exhibits appropriate dress and appearance						
4.2	▪ Exhibits positive and constructive attitude						
4.3	▪ Contributes and Supports teamwork atmosphere						
4.4	▪ Works within appropriate ethics & regulations						
4.5	▪ Exhibits self-learning professional development and growth						
<b>Comments:</b>							

## GLOBAL RATING OF STUDENT CLINICAL COMPETENCE

On a scale from 0 to 10 , how does the student compare to a competent clinician who is able to skillfully manage patients in an efficient manner to achieve effective patient/client outcomes ?

Place an X in the box which best describes the student .

0	1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Good					Excellent			

\*Is the student performing at a level that is satisfactory for his/her current level of clinical practice ?

\_\_\_\_\_ (√) Yes

\_\_\_\_\_ No

If no, please explain : \_\_\_\_\_

Evaluator:

Name	
Position	
Signature	
Date	

Stamp:

## CLINICAL INTERNSHIP EVALUATION TOOL INSTRUCTIONS

- **Unsatisfactory** : Student requires a great deal of guidance including instructions and verbal cueing to complete a task. Unsatisfactory represents “F” level = Box 1-2 on scale (Won’t Pass Will need justification of the Intern status from the evaluator).
- **Needs Improvement** : Student requires some supervision and/or increased time to complete a task . Needs Improvement represents “D” level = Box 3-4 on scale.
- **Good** : Student is at the level of a competent clinician. The student can carry an appropriate caseload for your clinic and achieve effective outcomes for his or her patients. Good represents “C” level = Box 5-6 on scale.
- **Very Good** : Student is performing above the level of a competent clinician in your clinic. The student’s clinical skills are highly effective and demonstrate the most current evidence in practice. The student can carry a higher-than-expected caseload. Very Good represents “B” level = Box 7-8 on scale.
- **Excellent** : This is reserved for the master clinician and/or clinical specialist. Please use the comment page for specific areas of concern and/or positive feedback . Excellent represents “A” level= Box 9-10 on scale.
- **N/A:** Not Applicable.

