

FORM D

Final Evaluation – Supervisor Form D MED 6704 – Supervised Internship

Student Name: _____

Semester of Internship: _____

Approximate hours logged on site: _____

Please rate the intern's performance in the following areas throughout the internship.

	Excellent	Good	Fair	Unacceptable
Willingness to learn				
Completion of assignments				
Punctuality				
Initiative				
Communication with supervisor				
Ethical behavior				
Professional interaction				

Please enter the specific learning outcomes determined at the beginning of the internship and rate the intern's accomplishment of each objective. Provide comments where appropriate.

Outcome	Excellent	Good	Fair	Not at all	Comments
1.					
2.					
3.					
4.					
5.					
6.					

To what degree was the intern involved in the actual practice of procedures, duties, and routines of your area?

- Fully involved – able to perform with little or no supervision.
- Involved, but worked under the direct supervision of a staff member.
- Observed staff members at work.
- Met, talked with staff (singly or in groups) but no observation or actual assignments were undertaken or attempted.

Please provide additional comments, if appropriate.

Signature: _____

Date: _____