

**Alumni & Internship Unit**  
**Internship Evaluation form**  
**Department of Nursing**

Intern:	Period: 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/>
Hospital:	From: / / /
Department:	To: / / /

Performance Marks		Positive Qualities			
<b>Attendance</b>	10	Choose qualities that best describe the intern:			
<b>Behavior</b>	10	<input type="checkbox"/> Interesting	<input type="checkbox"/> Knowledgeable	<input type="checkbox"/> Professional	<input type="checkbox"/> Communicative
<b>Knowledge</b>	10	<input type="checkbox"/> Organized	<input type="checkbox"/> Skilled	<input type="checkbox"/> Responsible	<input type="checkbox"/> Cooperative
<b>Safety/Quality</b>	10	<input type="checkbox"/> Punctual	<input type="checkbox"/> Willing to learn	<input type="checkbox"/> Motivated	<input type="checkbox"/> Hard worker
<b>Communication Skills</b>	10	<b>Comments/ Recommendations</b>			
<b>Assigned work Completion</b>	10				
<b>Instrument Usage</b>	10				
<b>Time Management</b>	10				
<b>Patient's Care</b>	10				
<b>Educational Activity</b>	10				
<b>Total</b>	100%				

<b>Approved Leaves/ Days</b>	Official	Emergency	Other	<b>Total</b>	days
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Name	Dated Signature	Official Stamp
Intern:		Please send in <b>Signed &amp; Sealed</b> envelope.
Supervisor:		
Internship coordinator:		

<b>For College Use</b>	
<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Not approved</b>
Alumni & Internship Unit Supervisor:	