



Alumni & Internship Unit Internship Evaluation form

Department of Physiotherapy and Health Rehabilitation

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

Evaluation

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

Approved Leaves/ Days	Official	Emergency	Other	Total	days
-----------------------	----------	-----------	-------	-------	------

Name	Dated Signature	Official Stamp
Intern:		Please send in Signed & Sealed envelope.
Supervisor:		
Internship coordinator:		

For College Use

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