

King Abdulaziz University
Faculty of Applied Medical Sciences
Vice Dean
Clinical Affairs Unit



جامعة الملك عبدالعزيز
كلية العلوم الطبية التطبيقية
وكيل الكلية
وحدة الشؤون السريرية

INTERN EVALUATION FORM

Clinical Nutrition
التغذية الإكلينيكية

INTERN:	PERIOD: <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3
HOSPITAL:	FROM: / /
LABORATORY:	TO: / /

EVALUATION

PERFORMANCE MARKS		POSITIVE QUALITIES
ATTENDANCE	10	Choose qualities that best describe the intern: <input type="checkbox"/> Punctual <input type="checkbox"/> Intelligent <input type="checkbox"/> Good English <input type="checkbox"/> Motivated <input type="checkbox"/> Professional <input type="checkbox"/> Hard-worker <input type="checkbox"/> Organized <input type="checkbox"/> Cooperative <input type="checkbox"/> Willing to learn
BEHAVIOUR	10	
KNOWLEDGE	10	
COMMUNICATION SKILLS	10	
COMPLETION OF ASSIGNED WORK	10	COMMENTS / RECOMMENDATIONS
PROPER PATIENT CARE	10	
ANALYTICAL SKILLS	10	
CRITICAL THINKING	10	
RESPONSIBILITY	10	
EDUCATIONAL ACTIVITIES	10	
TOTAL	100%	

APPROVED LEAVES (DAYS)	Total number of leaves:	<input type="checkbox"/> Approved form are enclosed.
------------------------	-------------------------	--

DO YOU RECOMMENDED THE INTERN AS A CLINICAL NUTRITION?	<input type="checkbox"/> HIGHLY RECOMMENDED	OFFICIAL STAMP
	<input type="checkbox"/> RECOMMENDED	
	<input type="checkbox"/> NOT RECOMMENDED	
SIGN	▪ INTERN	
	▪ SUPERVISOR	
	▪ INTERSHIP COORDINATOR	

FOR FACULTY USE

▪ FACULTY INTERNSHIP COORDINATOR	<input type="checkbox"/>
----------------------------------	--------------------------