

INTERNS' TRAINING PROGRAM

Evaluation Form

Name of Intern : DR _____.
Training Institution : _____
Academic Year : _____
Period/Rota : Rota _____
Date : **From** _____

Instruction:

1. Rate the intern during the period of his/her internship training per rotation.
2. Read the statement and check the appropriate mark based on the criteria below.
3. Take note for the number of days: applied leave/absences/hours or minutes of tardiness during his/her period/rota and include it under Attendance and Punctuality comments
4. Equivalent mark:
 1. Poor
 2. Fair
 3. Good
 4. Very Good
 5. Excellent
5. Submit evaluation form to this college every end of the rota.

<i>Item</i>	<i>Criteria</i>	<i>Mark</i>				
		1	2	3	4	5
I.	Attendance and punctuality					
	1. Arrive and start his/her clinic on time, punctual in accomplishing patient record					
	2. Concern in time saving and avoid time lost.					
	3. Observes time management in relation to the number of patients treated.					

Number of days _____ Date _____
 Absences : _____
 Applied leave : _____
 Hours/minutes of tardiness : _____

Comments:

<i>Item</i>	<i>Criteria</i>	<i>Mark</i>				
		1	2	3	4	5
II.	Performance					
	1. Organized and systematic in his/her daily activities.					
	2. Performs diligently and with dedication.					
	3. Observes clinic infection control procedure					
	4. Act immediately to the needs and complaint of patient					

Comments:

<i>Item</i>	<i>Criteria</i>	<i>Mark</i>				
		1	2	3	4	5
III.	Attitude					
	1. Adheres to rules and policies of the training institution/Interns Training Program					
	2. Attitude towards the member of the dental team					
	3. Observes professional ethics and proper dequorum.					

Comments:

Total score out of 50: _____

Name of Evaluator
(Signature over printed name)