

ALLIED HEALTH UNDERGRADUATE EVALUATION FORM

It is mandatory to fill in the information with (*) mark of trainee accurately.

* PERSONAL INFORMATION				
NAME	(First)		DATE STARTED	
	(Middle)		DATE COMPLETED	
	(Last)		NATIONAL ID/IQAMA NO.	
TRAINING SITE			DEPARTMENT	
UNIVERSITY			TRAINING	<input type="checkbox"/> Student <input type="checkbox"/> Intern

Please strike out evaluation items that are not applicable.

	Excellent (5 marks)	Above Average (4 marks)	Average (3 marks)	B. Average (2 marks)	Poor (1 mark)
A. PERFORMANCE EVALUATION					
1. General knowledge.					
2. Ability to obtain an accurate history.					
3. Ability to perform physical examination.					
4. Demonstrated appropriate technique/methods as instructed.					
5. Ability to work independently.					
6. Ability to achieve tasks within time frames under guidance.					
7. Demonstrated good problem-solving skills.					
8. Demonstrated reliability in executing responsibilities.					
9. Quality of written records.					
10. Quality or oral presentation.					
B. PERSONAL EVALUATION					
1. Punctuality.					
2. Conduct.					
3. Ethics.					
4. Professional appearance.					
5. Willingness to work as a team member.					
6. Self Confidence.					
7. Acceptance of criticism and feedback.					
8. Acceptance of responsibility.					
9. Rapport with patients					
10. Relationships with faculty and staff.					
Narrative comments if required.			TOTAL	/ 100	
EVALUATOR INFORMATION AND SIGNATURE				TRAINING SITE ATA STAMP	
EVALUATOR NAME					
POST & DEPARTMENT					
SIGNATURE		DATE			

Evaluation forms should be signed by department training officer. It should not be handed to trainee, kindly forward completed evaluation form to training site academic undergraduate training coordinator by email who will add ATA stamp and send to university training

