

NURSE 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 accurate history. | | | | | |
| 3. Ability to perform patient 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. Reliability in executing responsibilities within timeframes. | | | | | |
| 9. Organizational ability. | | | | | |
| 10. Quality of written records and 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

