



EXTERNSHIP BI-WEEKLY EVALUATION MEDICAL ASSISTANT

STUDENT NAME: _____

SITE: _____

DATE: _____

MEDICAL INSTITUTE
OF
PALM BEACH

**EXTERN SUPERVISOR TO EVALUATE STUDENT BI-WEEKLY UNTIL EXTERNSHIP
HOURS ARE COMPLETED. UPON COMPLETION FAX EVALUATION TO 561-964-5685**

PROFESSIONAL STANDARD	EXCELLENT	GOOD	FAIR	NEEDS IMPROVEMENT	N/A
INITIATIVE					
APPEARANCE					
TIME MANAGEMENT					
ATTENDANCE					
DEPENDABILITY					
OFFICE PROCEDURES					
PROFESSIONALISM					
FRONT OFFICE SKILLS					
CHARTING					
INSURANCE KNOWLEDGE					
TELEPHONE					
COMPUTER					
SCHEDULING					
BILLING					
CLINICAL SKILLS					
VITAL SIGNS					
HANDLING SPECIMENS					
VEIN PUNCTURE					
INJECTIONS - PHARMACOLOGY					
RADIOLOGY					
EKG					
STERILE TECHNIQUE					
PATIENT PREP					
PATIENT HISTORY					
UNIVERSAL PRECAUTIONS					

ADDITIONAL
COMMENTS _____

SUPERVISOR SIGNATURE

PRINTED NAME