



MEDICAL INSTITUTE  
OF  
PALM BEACH

## FINAL EVALUATION

STUDENT NAME: \_\_\_\_\_

SITE: \_\_\_\_\_

DATE: \_\_\_\_\_

PROFESSIONAL STANDARD	EXCELLENT	GOOD	FAIR	NEEDS IMPROVEMENT	N/A
WORK ATTITUDE					
RELATIONSHIP WITH OTHERS					
OVERALL WORK QUALITY					
SKILLS					
COOPERATION					
LEADERSHIP					

1. WOULD YOU STRONGLY RECOMMEN THIS EXTERN FOR EMPLOYMENT?  YES  NO

COMMENTS: \_\_\_\_\_

2. WOULD YOU HIRE THIS EXTERN?  YES  NO

COMMENTS: \_\_\_\_\_

3. WAS THIS EXTERN A PLEASURE TO WORK WITH?  YES  NO

COMMENTS: \_\_\_\_\_

4. HOW WOULD YOU RATE AFOREMENTIONED EXTERN STUDENT?

OUTSTANDING  VERY GOOD  GOOD  AVERAGE  NEEDS IMPROVEMENT

COMMENTS: \_\_\_\_\_

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### **OFFICE USE ONLY – EXTERN DIRECTOR EVALUATION**

1. *STUDENT OVERALL*  ACCEPTABLE  UNACCEPTABLE

2. *STUDENT ATTENDANCE FOR WEEKLY MEETING*  ACCEPTABLE  UNACCEPTABLE

3. *DID STUDENT COMPLY WITH ALL RULES AND REGULATIONS*  ACCEPTABLE  UNACCEPTABLE

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

<b>PROFESSIONAL STANDARD</b>	<b>EXCELLENT</b>	<b>GOOD</b>	<b>FAIR</b>	<b>NEEDS IMPROVEMENT</b>	<b>N/A</b>
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					

\_\_\_\_\_  
**FACILITY SUPERVISOR SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SUPERVISOR NAME (PRINTED)**

\_\_\_\_\_  
**TITLE**

**TOTAL HOURS COMPLETED** \_\_\_\_\_