Pre-Health Internship Program

Mid-Semester - On-Site Supervisor Evaluation Form

Student: ____________________________          ID#: __________________________
On-Site Supervisor: _______________________________________________________

After reviewing the Initial Evaluation, please evaluate the student and determine if progress has been made.

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<tr>
<th></th>
<th>Needs Improvement</th>
<th>Satisfactory</th>
<th>Excellent</th>
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<td>1</td>
<td>2</td>
<td>3</td>
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Regarding routine tasks, the student (please assign number):

Is tardy                      Is punctual
Hesitates to do what is asked Is willing to assume all tasks
Needs constant supervision    Completes tasks with little to no supervision
Fails to complete tasks       Completes tasks with few or no mistakes
Needs constant reminders      Assumes responsibility for assigned tasks

Regarding professional preparation of the student (please assign number):

Is poorly prepared            Displays outstanding preparation
Demonstrates little ability to apply Shows practical knowledge
Displays lack of initiative    Displays initiative
Displays lack of good judgment _____ Displays good judgment

**Overall, the student (please assign number):**

Needs growth, maturity _____ Demonstrates professional growth

**Other Comments: (Please comment on the student’s strengths or areas that need attention. Use additional sheet if necessary).**

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On-Site Supervisor: ____________________________ Date: _______________