

EVALUATION FORM

STUDENT:

DISCIPLINE/INTERNSHIP:

DATE OF INTERNSHIP:

THE FOLLOWING TOPICS SHOULD BE OBSERVED AND GRADED FROM 0 TO 100

	EXCELLENT 90-100	GOOD 80-89	SATISFACTORY 70-79	REGULAR 60-69	POOR 40-59
Attendance, motivation					
Ability to deal with patients					
Acquisition of technical ability					
Professional maturity					
Interpersonal relationship					
Overall knowledge of the discipline/internship					

COMMENTS:

Faculty Member: _____

Position: _____

Department: _____

Medical School: _____

Signature and stamp: _____

Date: ____/____/____

Centro de Relações Internacionais

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