STUDENT EVALUATION FORM

Student Name:	
Supervisor:	Date:
? Butker ? Ferenci ? Ghavidel ? Smith	Facility:
? Elder ? Fox ? Howell ? Sutter	? TEC ? CLH ? Grady ? VA
? Other	? Other
Active Participation in Tasks	Effective Use of Time
? Below Average ? Average ? Above Average	? Below Average ? Average ? Above Average
Comments:	Comments:
Completion of Assigned Tasks	Proper and Careful Use of Equipment
? Below Average ? Average ? Above Average	? Below Average ? Average ? Above Average
Comments:	Comments:
Self-Motivation	Respect for Patient's Right to Privacy
? Below Average ? Average ? Above Average	? Below Average ? Average ? Above Average
Comments:	Comments:
Cooperation	Grasp of Knowledge
? Below Average ? Average ? Above Average	? Below Average ? Average ? Above Average
Comments:	Comments:
Desire to Learn	Professional and Ethical Behavior
? Below Average ? Average ? Above Average	? Below Average ? Average ? Above Average
Comments:	Comments:
Preparedness	Professional Presentation
? Below Average ? Average ? Above Average	? Below Average ? Average ? Above Average
Comments:	Comments:
Points System:	
Below Average = 2 points	TOTAL:(/ 48)*100 =%
Average = 3 points	
Above Average = 4 points	
Supervisor Signature:	Date: