

Health Information Management Program

# PROFESSIONAL PRACTICE EXPERIENCE EVALUATION (Site Supervisor)

|  |  |
| --- | --- |
| Student Name: | |
| Student ID Number/Last four digits of SSN: | |
| Site Supervisor Name and Title: | |
| To evaluate the student’s performance, please complete the following evaluation, which will be used to provide feedback to the student regarding his/her ability to apply skills in a workplace setting. This form may be replaced by  the form normally used by the organization to evaluate full-time employees. | |
| Evaluation Period From: | To: |

Please indicate the student’s level of performance in each of the following categories by placing an X in the appropriate boxes below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Excellent | Above average | Average | Below Average | Poor | Not Applicable |
| I. SETTING – The Student Intern . . . | | | | | | |
| 1. Understood and adhered to the policies and procedures of this workplace. |  |  |  |  |  |  |
| 2. Used appropriate resources of the workplace. |  |  |  |  |  |  |
| 3. Functioned cooperatively with coworkers. |  |  |  |  |  |  |
| 4. Organized and planned time and work appropriately. |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Excellent | Above average | Average | Below Average | Poor | Not Applicable |
| II. PRACTICE – The Student Intern . . . | | | | | | |
| 1. Developed constructive relationships with clients and coworkers. |  |  |  |  |  |  |
| 2. Translated theoretical knowledge into practice. |  |  |  |  |  |  |
| 3. Pursued and coordinated utilization of resources. |  |  |  |  |  |  |
| 4. Gathered and organized pertinent data. |  |  |  |  |  |  |
| 5. Formed appropriate judgments. |  |  |  |  |  |  |
| 6. Implemented practical ideas. |  |  |  |  |  |  |
| 7. Communicated effectively. |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Excellent | Above average | Average | Below Average | Poor | Not Applicable |
| III. PROFESSIONAL SELF – The Student Intern . . . | | | | | | |
| 1. Demonstrated a disciplined sense of self, including timely and engaged work performance. |  |  |  |  |  |  |
| 2. Showed professionalism at all times, including adhering to any and all established ethical standards. |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Excellent | Above average | Average | Below Average | Poor | Not Applicable |
| IV. SUPERVISION – The Student Intern . . . | | | | | | |
| 1. Recognized the learner role. |  |  |  |  |  |  |
| 2. Transferred learning from one experience to another. |  |  |  |  |  |  |

|  |
| --- |
| V. SUMMARY |
| Satisfactory performance means the student consistently met the expectations outlined in the approved PPE Proposal Form. Please rate the student by typing an X after the word that best describes the student’s performance. |
| Satisfactory |
| Unsatisfactory |

|  |
| --- |
| VI. SUPPORTING COMMENTS |
| Please provide a narrative summary of the student’s strengths and weaknesses as demonstrated during this internship. Include a brief description of the activities in which the student participated and any clarification of the ratings given on this evaluation. |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Internship Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Academic Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |