

FIELD TRAINING PROGRAM

FINAL EVALUATION OF INTERN PERFORMANCE

Date of Evaluation: _____ PLEASE RETURN TO: Dr. Gary de Wet, D.C.

Intern Name: _____ Doctor Name: _____

Dates of Field Training Program. From: _____ To: _____

As the observing doctor, I grade the intern's overall performance as: () Satisfactory () Unsatisfactory

Please respond to each of the following using the scale.

1 – Exceeds Expectations 2 – Meets Expectations 3 – Needs Improvement

The intern...

1. _____ is punctual in meeting commitments.
2. _____ is professional in appearance and complied with office expectations.
3. _____ is courteous and effective in her/his approach to patients.
4. _____ makes appropriate use of available time.
5. _____ interacts effectively with other office personnel.
6. _____ is thorough and accurate in keeping records on patients when asked by doctor.
7. _____ is able to arrive at an accurate diagnostic impression.
8. _____ develops appropriate treatment plans and patient follow up.
9. _____ has the ability to administer an adjustment that is consistent with community standards.
10. _____ accepts constructive criticism willingly.
11. _____ demonstrates ethical and professional behavior.
12. _____ completes insurance reports accurately and timely.
13. _____ is able to deliver an adequate report of findings to the doctor and/or patients.
14. _____ is able to identify when a referral or more advanced testing is required.
15. _____ is able to adequately interpret x-ray, lab and other significant exam findings.
16. The Intern has approximately how many patient encounters since the Midterm evaluation?
(check one) _____ 0-25, _____ 25-50, _____ 50-75, _____ 75-100, _____ 100+

Doctor's Signature

Additional comments on reverse side >

Please attach the "Hourly Accounting Sheet" to verify that the intern has met the 24 hr/wk minimum requirement. These forms must be submitted to Dr. Gary de Wet, D.C. by the last day of classes.