FIELD TRAINING PROGRAM
FINAL EVALUATION OF INTERN PERFORMANCE
Palmer College of Chiropractic, West Campus
90 East Tasman, San Jose, CA 95134

Date of Evaluation: ____________________________ PLEASE RETURN TO: Dr. Jennifer Nelson, 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 personal appearance reflect neatness and are in keeping with that expected.
3. _____ makes appropriate use of available time.
4. _____ interacts effectively with other clinic personnel.
5. _____ is thorough and accurate in keeping records on patients when asked by doctor.
6. _____ is able to arrive at an accurate diagnostic impression.
7. _____ ability to administer an adjustment is consistent with approved standards.
8. _____ accepts constructive criticism willingly.
9. _____ demonstrates ethical and professional behavior.
10. _____ completes insurance reports accurately and timely.
11. _____ is able to identify when a referral or more advanced testing is required.
12. _____ is able to adequately interpret x-ray, lab and other significant exam findings.
13. The Intern has approximately how many patient encounters up to this point in the field-training program.
   (Check one)  _____ 0–50, _____ 50–75, _____ 75–100, _____ 100+

_________________________________________  ____________________________
Doctor’s Signature  Date

Submit this completed form to Dr. Jennifer Nelson, DC (Jennifer.Nelson@Palmer.edu) by the Final Report due date.