

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.
4. _____ makes appropriate use of available time.
5. _____ interacts effectively with other clinic 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.
9. _____ ability to administer an adjustment is consistent with approved standards.
10. _____ accepts constructive criticism willingly.
11. _____ demonstrates ethical and professional behavior.
12. _____ completes insurance reports accurately and timely.
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 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.