FIELD TRAINING PROGRAM
MIDTERM 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 Midterm Report due date.