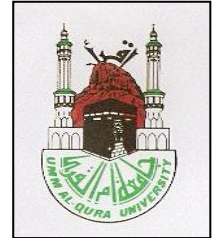


Internship Monitoring Report



Year: 38-39H

1st Visit 2nd Visit 3rd Visit

A: FEEDBACK FROM HOSPITAL TRAINING COORDINATOR:

Name of the Hospital: _____

Name of the Hospital Training Coordinator: _____

Students Performance:	Excellent	Very Good	Good	Average	Below average
	90-100	81-90	71-80	60-70	<60
1. Follow hospital rules and regulations.					
2. Punctuality and initiative for work.					
3. Adhere to safety codes.					
4. Exhibit verbal communication skills.					
5. Work as a team member.					
Problems with Students, if any.					

B: FEEDBACK FROM INTERSHIP STUDENTS:

Student Experience:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
	5	4	3	2	1
1. The internship is giving me a better understanding of concepts and skills.					
2. I am given level of responsibilities which is consistent with my abilities.					
3. My supervisor is available and accessible when I have questions.					
4. I have regular meeting with my supervisor and receive constructive feedback.					
5. Are you all using UQU internship booklet.	Yes <input type="checkbox"/> No <input type="checkbox"/>				
6. If yes , does this booklet provide you useful guidance for internship?					
7. If not , please state the difficulties.					
8. Any Suggestions:					

HOSPITAL COORDINATOR’S FEEDBACK ON UQU INTERNSHIP BOOKLET

Name of the Hospital					
Hospital Coordinator’s impression on UQU internship booklet	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
	5	4	3	2	1
1. Is this hospital using UQU internship booklet for UQU students?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, 1.1. This booklet provides useful guidance to internship students.					
1.2. It is helping laboratory supervisors to be aware of the tasks to be meet by the students in each discipline.					
1.3. Student are using UQU internship booklet.					
1.4. Students experience any difficulty in following internship booklet.					
2. If hospital is not using UQU internship booklet, please state the difficulties.					

Name of the Hospital Training Coordinator: _____

Signature: _____ Date: _____

Members Name: _____

Members Signatures: _____