KARABÜK UNIVERSITY
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF PHYSIOTHERAPY AND REHABILITATION
INTERNSHIP EVALUATION FORM

Name Surname:
Student No:
Internship Start and End Date:
Internship Location:

A. BEHAVIOR AND APPEARANCE

	Evaluation Score	Score
Interest and care towards work	5	
Self-confidence and openness to criticism	5	
Physical appearance	5	

Total score: …… (out of 15 points)

B. COMMUNICATION SKILLS

	Evaluation Score	Score
Communication skills with the internship supervisor and colleagues	5	
Communication skills with patients and their relatives	5	

Total score: …… (out of 10 points)

C. WORK PERFORMANCE

	Evaluation Score	Score
Attendance and punctuality	5	
Level of professional knowledge and skill	5	
Willingness and interest to learn	5	

Fulfilling responsibilities and instructions	5	
Efficient use of resources	5	

Total score: …… (out of 25 points)

D. PATIENT ASSESSMENT

	Evaluation Score	Score
Selecting and applying appropriate assessment methods	5	
Ability to identify the patient's problem and needs	5	
Keeping accurate records and organizing patient files	5	
Ability to discuss and interpret assessment results	5	

Total score: …… (out of 20 points)

E. PLANNING AND IMPLEMENTING THE TREATMENT PROGRAM

	Evaluation Score	Score
Ability to design and discuss the treatment plan	5	
Explaining treatment goals in a way the patient can understand	5	
Ability to utilize and apply innovations in the treatment program	5	
Ability to modify the treatment program when necessary	5	
Recording treatment outcomes clearly and accurately	5	
Providing appropriate recommendations and a home program	5	

Total score: …… (out of 30 points)

OVERALL GRADE: …….. (out of 100 points)

Supervising Physiotherapist
Name Surname:
Stamp / Signature: