

ACIBADEM MEHMET ALİ AYDINLAR UNIVERSITY
FACULTY OF PHARMACY
PHARMACY/INSTITUTION INTERNSHIP STUDENT EVALUATION FORM

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STUDENT INFORMATION:

Name-Surname:

Phone Number:

Student Number:

Internship Code:

Internship Start Date:

Internship End Date:

INTERNSHIP PLACE INFORMATION:

Pharmacy/Institution Name:

Name of Responsible Person:

Phone Number:

E-mail:

Address:

STUDENT ASSESMENT CHART				
NO	ASSESSMENT CRITERIA	GOOD	AVERAGE	POOR
1	Profession Knowledge (Theoretical)			
2	Professional Skill (Practical)			
3	Communication Skill			
4	Suitability for Teamwork			
5	Self-Development			
6	Representation Ability			
7	Selfless work			
8	Discipline			
9	Behaving ethically			
10	Attendance Status			
11	Would you like the student to do internship at your pharmacy/institution again?			

GENERAL ASSESSMENT OF THE STUDENT

Success Score:

(Please rate out of 100)

Other impressions and suggestions:

RESPONSIBLE PERSON

Name and surname:

Signature-Stamp:

*Internship: Refers to all summer internships.

**After this document is filled in by the internship/vocational training officer in the enterprise, it is sent to the responsible research assistant by the student in a closed envelope, along with the internship/vocational education book/report at the enterprise, in a confidential manner.