

CONFIDENTIAL

IN TRAINING ASSESSMENT FOR INTERNS (HOUSE OFFICERS)

Name of intern: ----- Acad. No.: -----

Hospital: ----- Department: -----

Date of rotation: From: ----- / ----- /20 ----- To: ----- / ----- /20 -----

KNOWLEDGE / SKILLS	Fail 0-59%	Fair 60-64%	Good 65-74%	v. good 75-84%	Excellent 85-100%
knowledge of Basic Sciences					
knowledge of Clinical Sciences					
History Taking and Physical Examination Skills					

ATTITUDES

Attitude with patients (Character , behavior and relation) and their relatives					
Reliability & Punctuality					
Attitude to Staff (colleagues and other medical personnel)					
Morals & Ethics					
Motivation to Learn					

Overall Assessment					
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Number of days absent: -----

COMMENTS: (In case of failure or a fair assessment or need for special attention)

This assessment was based on discussion with other Consulting Staff: Yes No

Consultant in charge: -----

Signature -----

Head of Department (Hospital): -----

Signature -----

Internship supervisor: -----

Signature: -----

Name of Interns: -----

Signature: -----

AlMaarefa Colleges Interns Office: -----

Date Received: -----

