



## INTERNSHIP EVALUATION FORM

To whom it may concern,

You are kindly requested to fill in your opinions on the Istanbul Medipol University School of Pharmacy student ..... with student numbered ..... who completed their internship at your pharmacy/institution/unit and send the paper with the Internship Approval Form/Internship Logbook in a sealed envelope.

Istanbul Medipol University  
School of Pharmacy  
Internship Commission

	1 (Very bad)	2 (Bad)	3 (Fair)	4 (Good)	5 (Very good)
Attendance					
Compliance with working hours					
Compliance with working rules (Hygiene, uniform etc.)					
Communication with patients/clients					
Communication with staff					
Interest in professional development					
Self-development effort					
Sense of responsibility					
Occupational skill					
Compliance with internship learning objectives					
Overall assessment					

\*Mark relevant boxes

Comments:

Name Surname:

Pharmacy/Institution/Unit Name:

Date:

Signature and Stamp:





