



EXTERNSHIP EVALUATION FORM

Dear Madam/Sir/Dr

I wish to thank you for allowing our student _____ to spend an externship at your school/hospital/clinic. In order to keep his/her records updated, I would appreciate it if you would be so kind as to complete this form and return it to me and the office of student affairs (jackieh@savion.huji.ac.il) by mail. When grading his/her performance, please do so as you would for your own students.

Institution/Hospital/Clinic: _____

Evaluator _____ Date: ____ / ____ / ____

Date of Externship: From: ____ / ____ / ____ To: ____ / ____ / ____

Department/Rotation: _____

	< 60%	60-70%	70-80%	80-90%	>90%
Theoretical knowledge					
Clinical Skills					
Motivation, cooperation and Interaction with peers					
Punctuality, appearance					
Comments					

I thank you for your cooperation.

Yours sincerely,

Gillian Dank, DVM, D-ACVIM (Oncology), D-ECVIM-Ca

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