



EXTERNSHIP EVALUATION FORM

Dear Madam/Sir

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 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,

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