



Date: / / (Month/Day/Year)

Dear President of Shiga University of Medical Science

Performance Appraisal Sheet

Hospital name: _____

President of the hospital (signature): _____

Name of clinical supervisor: _____

Name of clinical department: _____

Internship period: from / / to / / (Month / Day / Year)

Student name: _____

1. Attendance

Days attended _____ days

Absence days _____ days (Date: _____ reason for absence: _____)

(Date: _____ reason for absence: _____)

(Date: _____ reason for absence: _____)

(Date: _____ reason for absence: _____)

2. Performance appraisal

| | good | | | bad | |
|--|------|---|---|-----|---|
| (1) Activeness for intern (Absence days / With or without tardiness etc.) | 5 | 4 | 3 | 2 | 1 |
| (2) Cooperativeness with medical team (Correspondence to medical staff etc.) | 5 | 4 | 3 | 2 | 1 |
| (3) Correspondence to patients (Attitude / Humanity etc.) | 5 | 4 | 3 | 2 | 1 |
| (4) Basic medical knowledge | 5 | 4 | 3 | 2 | 1 |
| (5) Skills of medical care | 5 | 4 | 3 | 2 | 1 |
| (6) Neatly dress, cleanliness | 5 | 4 | 3 | 2 | 1 |

3. Report appraisal (If there is report task)

| | good | | | bad | |
|--------------------------|------|---|---|-----|---|
| Report subject " _____ " | 5 | 4 | 3 | 2 | 1 |
| Report subject " _____ " | 5 | 4 | 3 | 2 | 1 |
| Report subject " _____ " | 5 | 4 | 3 | 2 | 1 |

4. Personal appraisal (free comments)

5. Opinion to the clinical internship outside of the campus (free comments)

