

# INTERN DAILY EVALUATION

Intern's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Work Site: \_\_\_\_\_

## Clinical Experience(s):

**Written Work**    \_\_\_ Completed    \_\_\_ Incomplete (explain)

**Evaluate on a scale of 1 to 5** [1 = Needs improvement 5 = Excellent]

History Taking	1	2	3	4	5
Maternal Assessment	1	2	3	4	5
Infant Assessment	1	2	3	4	5
Feeding Assessment	1	2	3	4	5
Plan of Care	1	2	3	4	5
Charting	1	2	3	4	5
Follow-up	1	2	3	4	5
Counseling Skills	1	2	3	4	5
Professionalism	1	2	3	4	5

## Comments:

Strengths:

Weaknesses:

General comments:

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Clinical Instructor's Signature