

# Intern Monthly Evaluation

Intern's Name: \_\_\_\_\_ Month/Year \_\_\_\_\_

Experiences Encountered or Completed						
Evaluate on a scale of 1 to 5 [1 = Needs improvement 5 = Excellent]					Write comments below	
History Taking	1	2	3	4	5	
Maternal Assessments	1	2	3	4	5	
Infant Assessments	1	2	3	4	5	
Feeding Assessments	1	2	3	4	5	
Plans 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	
Strengths						
Weaknesses						
Suggestions for Improvement						

**Comments:**

\_\_\_\_\_  
Clinical Instructor's Signature

\_\_\_\_\_  
Intern's Signature