

Student Evaluation by Supervising Veterinarian

Statement to Extern Supervisor: It is the sole responsibility of the supervisor to assure each extern is afforded an educational environment that is conducive to both teaching and learning. Following the completion of the externship, each extern must be evaluated and an overall assessment of either Satisfactory or Unsatisfactory recorded on this evaluation sheet. The following categories must be assessed as the supervisor works toward determining the overall evaluation of the extern.

| | Exceeds Expectation | Meets Expectation | Competent | Below Expectation | Not Applicable |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Student Name: _____ | | | | | |
| Length of Externship: 2 WEEKS <input type="checkbox"/> 4 WEEKS <input type="checkbox"/> | | | | | |
| Start Date: _____ | | | | | |
| End Date: _____ | | | | | |
| KNOWLEDGE BASE | | | | | |
| Knowledge of Medical Principles and Diseases | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledge of Surgical Principles and Diseases | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Application of Knowledge to Clinical Cases | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Formulation of Appropriate Differential Diagnoses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PERFORMANCE | | | | | |
| Accuracy of Patient Histories | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accuracy of Physical Examinations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Documentation of Medical Records | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Animal Handling Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Technical Clinical Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Performance of Diagnostic Procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality of Patient Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Completion of Duties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PROFESSIONALISM/MATURITY/ETHICAL BEHAVIOR | | | | | |
| Attendance and Punctuality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attitude and Enthusiasm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Acceptance of Responsibilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interaction with Clients and Colleagues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OVERALL EVALUATION OF EXTERN | | | | | |
| | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| COMMENTS: _____ _____ | | | | | |
| Practice Name: _____ | | | | | |
| Signature of Veterinarian: _____ Date: _____ | | | | | |