

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	Needs Remediation
Student Name: _____					
Length of Externship: 2 Weeks <input type="checkbox"/> 4 Weeks <input type="checkbox"/>					
Start Date: _____					
End Date: _____					
15% - KNOWLEDGE BASE					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15% - CRITICAL THINKING SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10% - TECHNICAL SKILLS AND EQUIPMENT USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15% - PATIENT CARE AND MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15% - COMMUNICATION WITH CLIENT AND MEDICAL PERSONNEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15% - PROFESSIONALISM/MATURITY/ETHICAL BEHAVIOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15% - INDEPENDENT DECISION MAKING	<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"/>
STUDENTS VALUE YOUR FEEDBACK, PLEASE SHARE COMMENTS BELOW:					

Practice Name: _____					
Signature of Veterinarian: _____ Date: _____					

Please email completed form to **Melissa Pett** melissacox@ufl.edu . Questions? Call 352-294-4262.