

End of Program Evaluation

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date\_\_\_\_\_\_\_\_\_\_\_

Externship Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Competencies:

EKG Poor \_\_\_\_ Good \_\_\_\_

Phlebotomy Poor \_\_\_\_ Good \_\_\_\_

Vital Signs Poor \_\_\_\_ Good \_\_\_\_

Weight & Height Poor \_\_\_\_ Good \_\_\_\_

General Performance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review Needed Yes \_\_\_\_ No \_\_\_\_

Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_