

UNIVERSITY OF NORTH TEXAS
Department of Library and Information Sciences

**HEALTH INFORMATICS INTERNSHIP/FIELD
EVALUTION OF STUDENT PERFORMANCE FORM**

Date

Student Last Name

First Name

Middle Name/Initial

Internship Site

Site Supervisor

Supervisor Phone

Supervisor Email Address

Internship Site Address

Student Qualifications:

	Excellent	Good	Fair	Poor	Cannot Rate
General Background Knowledge					
Adaptability					
Readiness to Learn					
Dependability					
Interpersonal Skills					
Judgment					
Maturity					
Initiative					
Accuracy					
Flexibility					

Duties *(Please comment on the duties or projects which the student undertook and the student's degree of success in completing the work):*

HEALTH INFORMATICS INTERNSHIP/FIELD EVALUATION OF STUDENT PERFORMANCE - 2

General Evaluation *(Please comment on any aspect of the student's performance):*

Grade *(Please recommend a letter grade for the student):* _____

Send via email to:

Dr. Ana Cleveland
Ana.Cleveland@unt.edu