



الرقم: _____

التاريخ: _____

المرفقات: _____

Internship Progress Report

1st Visit 2nd Visit 3rd Visit 4th Visit

Name of the Hospital: _____

Name of the Hospital Training Coordinator: _____

FEEDBACK FROM INTERSHIP STUDENTS

Student Experience:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
	5	4	3	2	1
1. The internship is giving me a better understanding of concepts and skills.					
2. I am given level of responsibilities which is consistent with my abilities.					
3. My supervisor is available and accessible when I have questions.					
4. I have regular meetings with my supervisor and receive constructive feedback.					
5. Are you all using the internship booklet.	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
6. If yes , does this booklet provide you useful guidance for internship?					
7. If not , please state the difficulties.					

