

**MEDICAL ASSISTANT EXTERNSHIP FINAL EVALUATION**

**NAME OF EXTERN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME OF FACILITY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**INSTRUCTIONS:** In order that our combined efforts may be efficiently employed in the training of the extern named above, your grading on the tasks listed below is desired upon completion of hours. Some tasks will not be applicable to your practice situation, therefore, please indicate by checking the column heading "N/A".

| TASK                              | EXCELLENT | GOOD | AVERAGE | FAIR | POOR | N/A | COMMENTS |
|-----------------------------------|-----------|------|---------|------|------|-----|----------|
| TELEPHONE HANDLING                |           |      |         |      |      |     |          |
| APPOINTMENTS                      |           |      |         |      |      |     |          |
| PREPARING CHARTS                  |           |      |         |      |      |     |          |
| FILING                            |           |      |         |      |      |     |          |
| BASIC BOOKKEEPING                 |           |      |         |      |      |     |          |
| INSURANCE FORMS<br>CODING         |           |      |         |      |      |     |          |
| PEG BOARD/<br>COMPUTERS           |           |      |         |      |      |     |          |
| STERILIZATION                     |           |      |         |      |      |     |          |
| ADMINISTERING MEDS.<br>INJECTIONS |           |      |         |      |      |     |          |
| ELECTROCARDIOGRAM                 |           |      |         |      |      |     |          |
| URINALYSIS                        |           |      |         |      |      |     |          |
| ROUTINE BLOOD TESTS               |           |      |         |      |      |     |          |
| VENIPUNCTURES                     |           |      |         |      |      |     |          |
| CAPILLARY STICKS                  |           |      |         |      |      |     |          |
| PATIENT HISTORY                   |           |      |         |      |      |     |          |
| PATIENT ASSISTING                 |           |      |         |      |      |     |          |
| PHYSICIAN ASSISTING               |           |      |         |      |      |     |          |
| PATIENT RELATIONS                 |           |      |         |      |      |     |          |
| STAFF RELATIONS                   |           |      |         |      |      |     |          |

| OBSERVATIONS        | EXCELLENT | GOOD | AVERAGE | FAIR | POOR | N/A | COMMENTS |
|---------------------|-----------|------|---------|------|------|-----|----------|
| PERSONAL APPEARANCE |           |      |         |      |      |     |          |
| PERSONAL ATTITUDE   |           |      |         |      |      |     |          |
| COOPERATION         |           |      |         |      |      |     |          |
| INITIATIVE          |           |      |         |      |      |     |          |
| PROMPTNESS          |           |      |         |      |      |     |          |
| ATTENDANCE          |           |      |         |      |      |     |          |
| MISC.               |           |      |         |      |      |     |          |
|                     |           |      |         |      |      |     |          |
|                     |           |      |         |      |      |     |          |

This student can benefit from suggestions for improvement in the following areas:

---



---



---

We would appreciate any comments/suggestions in regard to the student and/or program:

---



---

Would you recommend this student for a position? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes,  
Why? \_\_\_\_\_

If No,  
Why? \_\_\_\_\_

Was the extern hired? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, DATE OF HIRE: \_\_\_\_\_ STARTING PAY/HR. \$ \_\_\_\_\_

**THANK YOU VERY MUCH FOR OPENING YOUR FACILITY TO OUR STUDENTS!**

\_\_\_\_\_  
SIGNATURE-PHYSICIAN/SUPERVISOR      DATE

