

ISTINYE UNIVERSITY MEDICAL FACULTY

INTERNSHIP EVALUATION FORM

Internship Name: Group:

Please Fill In The Following Questions According To The Scale

5	4	3	2	1
I absolutely agree	I agree	I partially agree	I don't agree	I absolutely don't agree

Evaluation Criteria	5	4	3	2	1
1. The number of theoretical courses was sufficient					
2. Theoretical course content was sufficient					
3. Number of training per patient was sufficient					
4. Bedside training reinforced my knowledge					
5. The number of other training activities in the internship was sufficient					
6. Other training activities in the internship reinforced my knowledge					
7. The course schedule was followed					
8. Lessons were held on time and within the specified time frame					
9. Online-face-to-face conditions were sufficient					
10. The time allocated for the internship was sufficient					

10 very good , 1 very bad	10	9	8	7	6	5	4	3	2	1
Evaluate The Internship										

What are the three most positive features of internship for you?

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What are the three most negative/weakest features of the internship for you?

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