# FACULTY OF HEALTH SCIENCES

## DEPARTMENT OF PHYSIOTHERAPY AND REHABILITATION

**ERASMUS+ INTERNSHIP PROGRAM**

**INTERN EVALUATION FORM**

### STUDENT DETAILS:

Name and Surname: .................................................... Student ID: ..........................................

### INTERNSHIP DETAILS:

Institution: ....................................................
Address: ....................................................

Internship Dates: …/…/20… - …/…/20…
Duration of Internship: ..................................

### EVALUATION

The student’s internship performance should be evaluated by marking the corresponding cell for each criterion (1 being the worst, 5 the best).

**Evaluation Criteria - Clinical Behavior**

| **Criteria** | **1** | **2** | **3** | **4** | **5** |
| --- | --- | --- | --- | --- | --- |
| Arrives on time for internship |  |  |  |  |  |
| Keeps the work area organized |  |  |  |  |  |
| Adheres to professional ethical principles |  |  |  |  |  |
| Works harmoniously with the responsible physiotherapist and team |  |  |  |  |  |
| Shows interest in the work |  |  |  |  |  |
| Conducts research specific to the clinical practice area |  |  |  |  |  |
| Demonstrates a sense of responsibility |  |  |  |  |  |
| Communicates well with patients and staff |  |  |  |  |  |
| Allocates sufficient time to patients and ensures patient safety |  |  |  |  |  |

**Evaluation Criteria - Clinical Knowledge and Practice**

| **Criteria** | **1** | **2** | **3** | **4** | **5** |
| --- | --- | --- | --- | --- | --- |
| Gathers information about the patient |  |  |  |  |  |
| Observes/assists in selecting assessment methods |  |  |  |  |  |
| Discusses assessment results with the responsible physiotherapist |  |  |  |  |  |
| Observes/participates in identifying patient problems and needs |  |  |  |  |  |
| Records the assessment process accurately and clearly |  |  |  |  |  |
| Observes/participates in planning a treatment based on results |  |  |  |  |  |
| Observes/participates in informing the patient about the procedures |  |  |  |  |  |
| Observes/participates in informing the patient’s relatives about the treatment |  |  |  |  |  |
| Attends or observes treatment and application sessions |  |  |  |  |  |
| Reviews the treatment plan with the physiotherapist as needed |  |  |  |  |  |
| Observes/participates in providing suitable advice and planning a home program |  |  |  |  |  |

**TOTAL SCORE:.....................................**

**ERASMUS+ INTERNSHIP MOBILITY EVALUATION**

**Evaluation Criteria - Adaptability and Cultural Integration**

| **Criteria** | **1** | **2** | **3** | **4** | **5** |
| --- | --- | --- | --- | --- | --- |
| Successfully adapted to a new clinical environment and healthcare system.  |  |  |  |  |  |
| Effectively integrated into the local culture and workplace norms.  |  |  |  |  |  |
| Demonstrates understanding and respect for local customs and practices.  |  |  |  |  |  |
| Has shown flexibility in adapting to unexpected situations.  |  |  |  |  |  |
| Shows an understanding of the global standards of physiotherapy practice.  |  |  |  |  |  |
| Demonstrates empathy and respect for patients from diverse cultural backgrounds. |  |  |  |  |  |

**Evaluation Criteria - Language Skills and Communication**

| **Criteria** | **1** | **2** | **3** | **4** | **5** |
| --- | --- | --- | --- | --- | --- |
| Communicates clearly and effectively with patients in the foreign language.  |  |  |  |  |  |
| Demonstrates good listening and comprehension skills in the foreign language. |  |  |  |  |  |
| Effectively collaborates with colleagues and team members despite language barriers.  |  |  |  |  |  |
| Overcomes communication challenges in the foreign language with ease.  |  |  |  |  |  |

**Additional Comments and Recommendations**

Please provide any additional feedback or recommendations regarding the student's performance, strengths, areas for improvement, and overall internship experience:

|  |
| --- |

**Internship Supervisor**

Title - Name and Surname: ...........................................
Date: ...........................................
Signature - Stamp: ...........................................

**STUDENT ATTENDANCE SHEET**

| Date | Description (if needed) | Signature |
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| 30 (increase if needed) |  |  |

**Internship Supervisor**

Title - Name and Surname: ...........................................
Date: ...........................................
Signature - Stamp: ...........................................