

Health Information Management Program

# PROFESSIONAL PRACTICE EXPERIENCE EVALUATION (Student)

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| Student Name: |
| Student ID Number/Last four digits of SSN: |

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| **NOTE: It is not required that this information be shared with the Internship Supervisor.** |
| 1. List on-the-job activities that helped you accomplish your approved internship proposal outcomes. |
| 1. How well was your Internship Supervisor able to assist you in accomplishing the outcomes that were established for this internship? If one or more of your outcomes was not accomplished, explain why using specific examples. |
| 1. In what ways, if any, did your Internship Supervisor assist you in taking a new direction or in expanding your experiences beyond the approved internship proposal? |
| 1. Describe your overall satisfaction with the worksite supervision you received. |
| 1. Did you receive appropriate and timely feedback? Explain. |
| 1. Was the training you received adequate for and appropriate to the internship experience? Explain. |
| 1. Would you recommend this internship to another student? If your answer is yes, how would you describe this particular internship and the process to another student? If no, what specifically made this a less than ideal experience for you? |
| 1. Additional comments: |

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| Printed Name |  | Signature |  | Date |
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