



Nuclear Medicine Technology Clinical Internship Weekly Evaluations

Each question should be answered either A) Skill Excellent, B) Skill Satisfactory, C) Skill Needs Improvement, or D) NA

Student's Name:

Date:

Evaluator's Name:

Rotation:

General Skills

Comments:

Time Management

Comments:

Teamwork

Comments:

Quality of Work

Comments:

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Initiative

Comments:

Professionalism

Comments:

Radiation Safety

Comments:

Student Progress

The student actively worked toward clinical competency check offs.

How many competencies were completed this week?

Comments:

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