



वैदुल काउन्सिल ऑफ वोकेशुल आंड रिसर्च ट्रेनिंग

Vital Council of Vocational and Research Training

As Autonomous Body Regonized by Govt. of India New-Delhi

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Para Medical Student Evaluation Form

Student: _____

Authority/Preceptor With Seal And Sign: _____

Please evaluate the student based on their performance on the following competencies, with 1 being the lowest and 10 being the highest. Also, please comment on the performance during the training, with special focus on areas of strength and areas needing improvement.

Patient Care - Student's ability to perform the appropriate history and physical exam, perform procedures at appropriate level, and reassess patients after diagnostic and therapeutic interventions.

1 2 3 4 5 6 7 8 9 10

Medical Knowledge - Student's ability to use clinical reasoning to determine a plan of care for the patient, general determination of fund of medical knowledge, ability to interpret results of diagnostic and therapeutic inter- ventions.

1 2 3 4 5 6 7 8 9 10

Practice-Based Learning and Improvement - Student's initiative for filling gaps of knowledge by independent studies and/or asking appropriate questions.

1 2 3 4 5 6 7 8 9 10

Interpersonal and Communication Skills - Student's ability to communicate and interact with their patients, preceptor, nursing and ancillary staff, and consulting services during trainings

1 2 3 4 5 6 7 8 9 10

Professionalism - Student is punctual, self motivated, and shows initiative and reliability

1 2 3 4 5 6 7 8 9 10

Global Evaluation - Student's overall performance during the training period

1 2 3 4 5 6 7 8 9 10

Comments on strengths and weaknesses of the student:

Scale: 9-10— Honors

6-8—High Pass

3-5—Pass

1-2—Fail

ACCEPTANCE

Approved by the Principal :

Date: _____



Director vcvrt
Administrative office
Cuddalore

St. Teresa Institute
principal / director
kanniyakumari



