**UNIVERSITY OF NORTH TEXAS**  
Department of Information Science

**HEALTH INFORMATICS INTERNSHIP/FIELD**  
**EVALUATION OF STUDENT PERFORMANCE FORM**

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**Date**

**Student Last Name** 
**First Name** 
**Middle Name/Initial**

**Internship Site**

**Site Supervisor**

**Supervisor Phone**

**Supervisor Email Address**

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**Internship Site Address**

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**Student Qualifications:**

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<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Cannot Rate</th>
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<td>General Background Knowledge</td>
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<tr>
<td>Adaptability</td>
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<tr>
<td>Readiness to Learn</td>
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<tr>
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**Duties (Please comment on the duties or projects which the student undertook and the student’s degree of success in completing the work):**

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General Evaluation (Please comment on any aspect of the student's performance):

Grade (Please recommend a letter grade for the student): __________

Send to:
   Attn: Health Informatics Internship/Field Experience Director
   University of North Texas
   College of Information
   Department of Information Science
   1155 Union Circle #311068
   Denton, TX 76203-5017