

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Last Name                      First Name                      Middle Name/Initial

\_\_\_\_\_  
Internship Site                      Site Supervisor

\_\_\_\_\_  
Supervisor Phone                      Supervisor Email Address

\_\_\_\_\_  
Internship Site Address

**Student Qualifications:**

	Excellent	Good	Fair	Poor	Cannot Rate
<b>General Background Knowledge</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Adaptability</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Readiness to Learn</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Dependability</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Interpersonal Skills</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Judgment</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Maturity</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Initiative</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Accuracy</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Flexibility</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Duties** *(Please comment on the duties or projects which the student undertook and the student's degree of success in completing the work):*

**HEALTH INFORMATICS INTERNSHIP/FIELD EVALUATION OF STUDENT PERFORMANCE - 2**

**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

**Or fax to:** 940-565-3101. (Voice: 940-565-2445).