

# Clinical Evaluation Form Sample for Medical Interns

This **clinical evaluation form** sample is designed to assess the performance and skills of medical interns during their rotations. It provides a structured format for supervisors to document competencies, clinical knowledge, and professional behavior. Utilizing this form ensures consistent and comprehensive feedback for intern development.

**Intern Name:**

**Department/Rotation:**

**Supervisor Name:**

**Evaluation Period:**

 MM/DD/YYYY - MM/DD/YYYY

Competency	Unsatisfactory	Needs Improvement	Satisfactory	Excellent
Clinical Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History Taking & Physical Exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Procedural Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Reasoning & Decision Making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionalism & Ethics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication & Teamwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attendance & Punctuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Strengths Observed:**

**Areas for Improvement:**

**Additional Comments:**

**Supervisor Signature:**

**Date:**

**Intern Signature:**

**Date:**