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| **ENGLISH MEDICINE****PROGRAM****20.. / 20..****ACADEMIC YEAR****PROFESSIONAL (VOCATIONAL)** **SKILLS LABORATORY****COURSE****PROGRAM****EVALUATION****and****DEVELOPMENT****REPORT****Prepared by:****Professional (Vocational) Skills Commission** |

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| **MSKU****MEDICAL SCHOOL****TURKISH****MEDICINE PROGRAM****20.. / 20..****ACADEMIC YEAR****PROFESSIONAL (VOCATIONAL) SKILLS LABORATORY COURSE****PROGRAM EVALUATION AND DEVELOPMENT REPORT \*,\*\*** |
| **Chairman of the Vocational Skills Committee** |  |
| **Vocational Skills Commission Term Officers** |  |
| **Professional Skills Committee Members and Task distribution** | **1.****2.****3.****4.****..** |
| **Phase and Committees and Code of Vocational Skills Laboratory Course-ECTS** | **Course Code: Phase: Committee: ECTS:****Course Code: Phase: Committee: ECTS:****Course Code: Phase: Committee: ECTS:** |
| **Vocational Skills Laboratory Course Skill-Application Names and Names of Instructors** | **Phase 1****1. Skill: Instructor:** **2.****3****Phase 2****1.****2.****3.****Phase 3****1.****2.****3** |
| **Total Skill-Practice / Instructor / Total Number of Students** | **Phase 1:** **Lecture hour: Number of Instructors: Number of Students:** **Phase 2:** **Lecture hour: Number of Instructors: Number of Students:****Phase 3:** **Lecture hour: Number of Instructors: Number of Students:** |
| **How Does the Vocational Skills Laboratory Affect the Committee/Phase Grade Point?** | **Phase 1:****Phase 2:****Phase 3:** |
| **Comments on Comparative Student Exam Success** | **1.****2.****..** |
| **Student Feedback (Survey)** | **Positive Feedbacks:****1.****2.****..** |
| **Topics to be Developed:****1.****2.****..** |
| **Student Feedback (Face to Face-Online-Open Ended-Interview with the Dean-Coordinator Hour/ Vocational Skills Laboratory Evaluation Hours)** | **Positive Feedbacks:****1.****2.****..** |
| **Topics to be Developed:****1.****2.****..** |
| **Instructors Feedback** | **1.****2.****..** |
| **Recommendations for Program Evaluation and Development:** | **Program Evaluation:****1.****2.****..****Recommendations for Program Development:****1.****2.****..** |

**Vocational Skills Committee Chairman/Vice Chairman Name and Signature:**

**\*The report will be used by the Chief Coordinator for Program Evaluation and Development. Please send a copy of the report to the Chief Coordinator by e-mail.**

**\*\*Please leave a copy of the signed version of the report to student affairs for archiving.**