**MUGLA SITKI KOCMAN UNIVERSITY**

**FACULTY OF MEDICINE**

**FORMS TO BE FILLED AFTER OBSERVATION**

**EVALUATION FORM THE STUDENT IS SIGNED FOR OBSERVATION**

Student's name and surname :

Student Number :

Student's Faculty:

Department Studied:

Start and End Date : ..........20.. /…………20..

Observation Period (Working Day):

Name of the Observed Institution:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all Good** | **Not Good** | **Fair** | **Good** | **Very Good** |
| **Evaluation Criteria** | **1** | **2** | **3** | **4** | **5** |
| 1. Availability of your unit for observation |  |  |  |  |  |
| 2. Giving the necessary opportunity for practice |  |  |  |  |  |
| 3. Compatibility with the education received at the university |  |  |  |  |  |
| 4. Support given by those in the unit you work with |  |  |  |  |  |
| 5. Reaching those concerned when needed |  |  |  |  |  |
| 6. Contribution of this observation to your professional / personal development |  |  |  |  |  |
| 7. Contribution to your choice of field after graduation |  |  |  |  |  |
| 8. Providing you with an idea about business life |  |  |  |  |  |
| 9. Your observations meet your expectations |  |  |  |  |  |
| 10. Would you recommend this workplace to your friends for observation? | ( ) YES ( ) NO | | | | |
| **11**.The two best features of the institution you observed:  1. …………………………………………  2. ………………………………………… | | | | | |
| 12. Two features of the institution you are observing, if any, that you are not satisfied with:  1. …………………………………………………………………………………………  2. ………………………………………………………………………………………… | | | | | |