

## MEDICAL ASSISTING EXTERNSHIP WEEKLY EVALUATION FORM

<b>Name of Extern</b> (print first and last name)	<b>Start Date – End Date</b>

**DAILY ATTENDANCE** (Example: Monday 9:00 am – 5:00 pm)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Total Hours this period</b>			<b>Hours earned to date</b>			

Note: This evaluation form must be submitted on Friday of each week to the Externship Coordinator at ACT. Fax this form weekly and the original must be mailed within 3 days of transmittal. Deviations from the above criteria will result in rejection of the evaluation period and the period must be repeated.

NOTE TO THE SUPERVISOR: Please review with student prior to submitting to ACT Externship Office.

**A TOTAL OF 160 HOURS OF UNCOMPENSATED EXTERNSHIP PRACTICE IS REQUIRED FOR GRADUATION.**

**RATINGS:**    **NA** = Not Observed    **EX** = Excellent    **G** = Good    **S** = Satisfactory    **U** = Unsatisfactory

**OVERALL PROFESSIONAL DEVELOPMENT**

Appearance		Patient Relations		Subject Knowledge	
Work Habits		Staff Relations			

**ADMINISTRATIVE ASSISTING SKILLS**

Bookkeeping		General Office Skills		Office Machines	
Telephone Skills		Appointment Scheduling		Mail Processing	
Filing		Reception		Computer Skills	
Insurance Processing					

**CLINICAL ASSISTING SKILLS**

Blood Pressure Measurement		Assisting the Physician	
Vital Sign Measurement		Diagnostic Assisting	
Blood Collection (Venous)		Performing EKG Tracing	
Blood Collection (Capillary)		Assisting with Minor Surgery	
Administering Medication		Bandaging Skills	
Intradermal Injections		Sterile Technique	
Intramuscular Injections		Sterilization	
Subcutaneous Injections		Lab Assisting	
Positioning Patients		Administering First Aid	
Prep/Drapping Patients for Exam			

**OVERALL COMMENTS:**

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**Required Signatures:**

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Extern: \_\_\_\_\_ Date: \_\_\_\_\_