



## MEDICAL ADMINISTRATIVE SPECIALIST EXTERNSHIP WEEKLY EVALUATION FORM

<b>Name of Intern</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		Vital Signs			

**OVERALL COMMENTS:**

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**Required Signatures:**

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

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