



<b>INTERNSHIP #</b>	2	3	4	5	6	<b>MIR DATE</b>	
<b>VISITOR</b>						<b>SIGNATURE</b>	
<b>SUPERVISOR (S)</b>						<b>SIGNATURE</b>	
<b>INTERN</b>						<b>SIGNATURE</b>	
<b>RESULT</b>	FAIL	NEEDS DEVELOPMENT				PASS	

**ISSUED RAISED BY THE INTERN (including level and quality of supervision):**

**ISSUED RAISED BY THE SUPERVISOR (including responsiveness supervision):**

**HAS THE INTERN BEEN DIRECTLY OBSERVED?    YES     NO**

**HOW ISSUES CAN RESOLVE:**

**VISITOR'S IMPRESSION OF THE WORKING ENVIRONMENT:**

**OPPORTUNITIES FOR CLINICAL WORK:**

**OBJECTIVE TARGETS FOR THE END OF INTERNSHIP**