

**UNIVERSITY OF WISCONSIN
SCHOOL OF VETERINARY MEDICINE
*Externship Mentor Evaluation of Student***

Please complete this evaluation and mail it to the Office of Academic Affairs. Your evaluation is needed to allow the student to establish credit for this educational experience.
(NOTE: This evaluation is shared with the student.)

Student's Name: _____

Externship Dates: _____

Practice Name: _____

Practice Address: _____

Practice phone number: _____

Type of Practice/Experience: _____

I verify that the student (did) (did not) participate in an externship during the dates above. (Circle One)

Name of immediate supervising mentor veterinarian: (PLEASE PRINT)

I would evaluate this student's performance as follows (circle best rating):

<u>Characteristic</u>	<u>Excellent</u>		<u>Average</u>		<u>Poor</u>	<u>No Opinion</u>
Academic Preparation	5	4	3	2	1	0
Academic Ability & Inquisitiveness	5	4	3	2	1	0
Manual Dexterity & Mechanical Skills	5	4	3	2	1	0
Problem Solving Diagnostic Skills	5	4	3	2	1	0
General Attitude	5	4	3	2	1	0
Willingness to Work and Accept Responsibility	5	4	3	2	1	0
Oral Communication Skills	5	4	3	2	1	0
Written Communication Skills	5	4	3	2	1	0
Personal Appearance	5	4	3	2	1	0
Interpersonal Team Skills	5	4	3	2	1	0
Ethical Conduct	5	4	3	2	1	0
Motivation Toward Veterinary Career	5	4	3	2	1	0
Acceptance of Criticism	5	4	3	2	1	0
Judgment/Objectivity	5	4	3	2	1	0
Credibility/Integrity	5	4	3	2	1	0
Initiative (self starter)	5	4	3	2	1	0
Dependability	5	4	3	2	1	0
Leadership	5	4	3	2	1	0
Emotional Stability	5	4	3	2	1	0
Neatness/Cleanliness	5	4	3	2	1	0

Evaluation of extern's over-all performance: Excellent, exceptional _____
Satisfactory _____
Unsatisfactory _____

Comments (please use back of form)

COMMENTS:

Signed: _____ Date: _____

**Mail or fax to (608) 890-1774:
UW-Madison School of Veterinary Medicine
Office of Academic Affairs
2015 Linden Drive
Madison, WI 53706**