

UNIVERSITY OF WISCONSIN  
SCHOOL OF VETERINARY MEDICINE  
Externship/Preceptorship Supervisor Evaluation of Extern

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 externship.

Student's Name: \_\_\_\_\_

Externship Dates: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Type of Practice/Experience: \_\_\_\_\_

I verify that the student (did) (did not) work with me during the dates above. (circle one)

Name of immediate Supervisor of the Extern: (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
Judgement/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)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**COMMENTS:**

**Mail to:  
School of Veterinary Medicine  
Office of Academic Affairs  
2015 Linden Drive  
Madison, WI 53706**

**OAA/JPD/externevalform**