

PCC MLT PROGRAM
Clinical Laboratory Practice 2012
Final Evaluation

Directions for using this form:

Rating Scale: 5 = Outstanding achievement 4 = Exceeds expectations 3 = Satisfactory progress 2 = Needs improvement 1 = Critical deficiency na = not applicable, unable to evaluate

Name: _____

Trainer(s): _____

Department: _____

Affiliate/Location: _____

Dates of Rotation: _____

Knowledge and Application of Knowledge

	na	1	2	3	4	5	Comments
Communicates effectively (writing, reading, listening, verbal skills)							
Explains facts and principles as needed for this level of education							
Applies knowledge to working situations							
Recognizes problems, errors in performance & discrepancies in results							
Solves problems as required and/or analyze course of action							

Performance

	na	1	2	3	4	5	Comments
Accuracy & precision							
Efficiency & organization (logical work flow, productive & timely output)							
Technique (safe, skillful, orderly, attention to detail)							
Manual dexterity (coordination, ease of handling equipment)							
Record keeping (thorough, legible, accurate, good attention to detail)							

Interpersonal Skills & Professionalism

na 1 2 3 4 5

Comments

	na	1	2	3	4	5	Comments
Interest (enthusiasm, willingness to learn)							
Initiative (independence in performing routine tasks)							
Adaptability (degree of composure during stressful and/or new situations)							
Personal relations (demonstrates cooperation and sensitivity toward others, both in the laboratory and throughout the healthcare facility; teamwork)							
Attitude (outlook toward work and other people, level of confidence)							
Cleanliness & Orderliness (personal hygiene, maintenance of work environment)							
Integrity (admission of errors, patient & co-worker confidentiality)							
Responsibility (dependability, punctuality, attendance, reliability)							
Supervision (response to supervision & instruction)							
Perseverance (completion of tasks)							

Please list suggestions to improve performance (especially important for "1" or "2" ratings):

Please list student's strengths:

Signature of Student

Date

Signature of Evaluator

Date

Mail completed form to:

Lisa Countryman-Jones, MLT Clinical Practice Coordinator
Portland Community College
CA Campus JH 210
P.O. Box 19000
Portland, OR 97280-0990

OR

**FAX with cover "Attention To:"
PCC MLT Clinical Coordinator
971-722-5257**