

BLS Internship-Daily Performance Evaluation

FTO Name: _____ Date: _____

Intern Name: _____ Hours Interned: _____ # of Patient Contacts: _____

- | | |
|----------------------------|---------------------------------------|
| 1. Punctuality | Satisfactory__ Unsatisfactory__ |
| 2. Communication | Satisfactory__ Unsatisfactory__ N/A__ |
| 3. Attire | Satisfactory__ Unsatisfactory__ N/A__ |
| 4. Equipment Check | Satisfactory__ Unsatisfactory__ |
| 5. Rapport with Crew | Satisfactory__ Unsatisfactory__ |
| 6. Documentation | Satisfactory__ Unsatisfactory__ N/A__ |
| 7. Restocking | Satisfactory__ Unsatisfactory__ |
| 8. Affect/Personal Conduct | Satisfactory__ Unsatisfactory__ |

FTO Comments (significant issues, development plan, etc.):

Intern Comments (challenges, solutions, tips learned throughout shift):

FTO Signature: _____ Date: _____

Intern Signature: _____ Date: _____

Copy this form is to be retained by agency.