



## EVALUATION FORM FOR STUDENTS

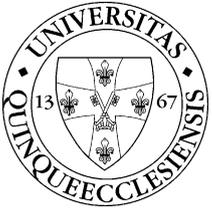
### Summer Practice in Medical Communication Skill

**IMPORTANT: Please fill in the form fully and upload it in Neptun within the specified uploading period! Without uploading the full documentation of the completion your practice will not be accepted.**

A. Personal data of the student	
Surname:	First name:
E-mail address:	Neptun code: <input type="text"/>
Mailing address:	Phone number:

B. Practice details	
Name of the family doctor:	
Place of the praxis:	
Date of the practice:	

C. Evaluation form					
<b>Evaluation of the practice:</b> (Please mark the answer that expresses your opinion!)					
Was the place of the practice favourable?	Yes	No			
Was the date of the practice favourable?	Yes	No			
Is one week enough to attain the skills of the practice?	Yes	No			
Did you use what you had learned before?	Yes	No			
Has your idea changed about family medicine?	Yes	No			
If yes, in which direction?	Positive	Negative			
Did you find the practice useful?	Yes	No			
<b>Evaluation of the family doctor:</b> (Please mark the number that expresses your opinion! 1 – Not at all, 5 – Yes)					
Did the mentor fulfil the requirements that you had learnt at the course of Medical Communication Skills?	1	2	3	4	5



Notices/Remarks:

Student's signature:

Date:

