



EVALUATION FORM FOR FAMILY DOCTORS

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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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				
Evaluation of the practice: (Please mark the answer that expresses your opinion!)					
Was the date of the practice appropriate for you?	Yes	No			
Was the length of period (one week) convenient?	Yes	No			
If no, the ideal duration is (weeks):					
Did you teach beside the consulting hours?	Yes	No			
Was the support of the institute of family medicine sufficient?	Yes	No			
If no, give reasons:					
Evaluation of the student: (Please mark the number that expresses your opinion! 1 – Not at all, 5 – Yes)					
Interest of the student	1	2	3	4	5
Communicative skills of the student	1	2	3	4	5
Practical skills of the student	1	2	3	4	5



Acceptance of the practice (Please tick!)	
<input type="checkbox"/> Completion of the practice is accepted	<input type="checkbox"/> Completion of the practice is not accepted
Signature:	Signature:
Date / Stamp:	Date / Stamp:
Notices/Remarks:	

D.	Approval of the course director in UPMS
Hospital/Clinic:	Course director:
Remarks:	
<input type="checkbox"/> Completion of the practice is accepted	<input type="checkbox"/> Completion of the practice is not accepted
Signature:	Signature:
Date / Stamp:	Date / Stamp:

