



## ESVONC Intern Evaluation Form

Intern Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Hospital: \_\_\_\_\_

Evaluation Period: \_\_\_\_\_

### A. Clinical Competencies

- Clinical examination and staging: Rating (1–5): \_\_\_\_  
Comments:
- Diagnostic procedures (FNA, biopsy, imaging): Rating (1–5): \_\_\_\_  
Comments:
- Chemotherapy handling and administration: Rating (1–5): \_\_\_\_  
Comments:
- Oncology medical knowledge: Rating (1–5): \_\_\_\_  
Comments:
- Treatment planning and case management: Rating (1–5): \_\_\_\_  
Comments:
- Pain management & palliative care: Rating (1–5): \_\_\_\_  
Comments:
- Record keeping & documentation: Rating (1–5): \_\_\_\_  
Comments:

### B. Professional & Soft Skills

- Client communication: Rating (1–5): \_\_\_\_  
Comments:
- Team communication: Rating (1–5): \_\_\_\_  
Comments:



- Empathy & emotional intelligence: Rating (1–5): \_\_\_\_  
Comments:
- Time management & organisation: Rating (1–5): \_\_\_\_  
Comments:
- Adaptability & resilience: Rating (1–5): \_\_\_\_  
Comments:
- Teamwork & conflict resolution: Rating (1–5): \_\_\_\_  
Comments:
- Professionalism & cultural sensitivity: Rating (1–5): \_\_\_\_  
Comments:

### C. Strengths Identified

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### D. Areas for Development

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### E. Recommended Actions / Goals for Next Evaluation Period

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**Overall Performance Rating (1-5): \_\_\_\_\_**

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Intern Signature (acknowledgement): \_\_\_\_\_ Date: \_\_\_\_\_