EVALUATION SHEET

(the completely filled document has to be uploaded in MODULO)

Name/Neptun	code of the student:					
Training program / grade: Name, code of the practice: Name and address of the institution (where the clinical practice is held):						
					Date of the clir	nical practice: from
					Name of the cl	linical practice leader, practice field:
Number of abs	sent days / number of days having been made up for:					
 The sture excelle The ware excelle The sture excelle 	he the accurate answer: udent's theoretical knowledge is: ent (3 points) – good (2 points) – acceptable (1 point) – not acceptable (0 point) ay the student can use the theoretical knowledge in practice is: ent (3 points) – good (2 points) – acceptable (1 point) – not acceptable (0 point) udent's interest in the profession is: ent (3 points) – good (2 points) – acceptable (1 point) – not acceptable (0 point) udent's diligence is: ent (3 points) – good (2 points) – acceptable (1 point) – not acceptable (0 point) udent's diligence is: ent (3 points) – good (2 points) – acceptable (1 point) – not acceptable (0 point) udent's work discipline is: ent (3 points) – good (2 points) – acceptable (1 point) – not acceptable (0 point) udent's relations to the patients and the colleagues are: ent (3 points) – good (2 points) – acceptable (1 point) – not acceptable (0 point) udent's independent work is: ent (3 points) – good (2 points) – acceptable (1 point) – not acceptable (0 point) udent's independent work is: ent (3 points) – good (2 points) – acceptable (1 point) – not acceptable (0 point) udent's independent work is: ent (3 points) – good (2 points) – acceptable (1 point) – not acceptable (0 point) HE ACHIEVED POINTS / GRADE:					
21-18	Excellent (5)					

21-18	Excellent (5)	
17-14	Good (4)	If one of the evaluations is 0 point, the practice cannot be accepted. Thus the final grade is failed (1).
13-10	Accepted (3)	
9-7	Passed (2)	
6-0	Failed (1)	0

It is possible to give a written justification! But in the case of an evaluation of 0 point, it is obligatory to fill in!

Date:		
	Signature of the student	Signature of the practice leader