



UNIT FINAL EVALUATION FORM FOR PRACTICAL ACTIVITIES

HOSPITAL UNIT _____

TRAINEE SURNAME AND NAME _____

HOME INSTITUTION _____

SUPERVISOR SURNAME AND NAME _____

Use the following letters for a POSITIVE EVALUATION with the corresponding marks:
A: Excellent; **B:** Very Good; **C:** Good; **D:** Satisfactory; **E:** Sufficient; **F:** Insufficient.
Use the letter F for a NEGATIVE EVALUATION.

EVALUATION	MARKS				
The student respects the shift schedule, wears appropriate clothes and is well-equipped	A	B	C	D	E
The student shows knowledge and awareness of the ward and/or ambulatory	A	B	C	D	E
The student interacts in an appropriate manner with the medical personnel, nurses and the department technicians	A	B	C	D	E
The student demonstrates the awareness and knowledge of the different roles of the medical team members	A	B	C	D	E
The student demonstrates active attitude: makes questions, candidates to perform activities	A	B	C	D	E

SUMMARY	A	B	C	D	E
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Date _____

Supervisor Signature and Stamp _____

ECTS GRADE	%	DEFINITION	ITALIAN GRADE	ECTS GRADE	%	DEFINITION	ITALIAN GRADE
A	10	EXCELLENT	30 cum laude - 28	D	90	SATISFACTORY	22 – 21
B	35	VERY GOOD	27 - 26	E	100	SUFFICIENT	20 - 18
C	65	GOOD	25 - 23	F - FX		FAILED	