



WESTPORT EMS - INTERN EVALUATION FORM

Intern Name:	Date:	Shift:
Evaluator Name:	<input type="checkbox"/> Staffing <input type="checkbox"/> Special Event Description:	
Criteria	Y/N	Exceptions
Arrived on time		
Uniform neat and clean professional appearance		
Properly checked ambulance and completed checklist		
Performs Well Under Stressful Situations		
Is Able to Accept Constructive Criticism and Guidance		
Exhibits Professional Attitude and Work Ethic		
Did the intern exam or treat patients on this shift? (list #)		Trauma = Medical = Pedi =

Summary of positive performance observations:

Summary of areas for improvement and recommended action:

Summary of on shift training that was performed:

Intern's comments on performance and feedback:

Signatures indicate that a discussion regarding the interns performance has occurred between the parties and that their views are reflected on the form. They are each entitled to a copy of the form. Their views may not be in agreement and they may elevate to the next level of management for resolution.

Crew Chief recommends release from the intern
 Follow up by EMS Coordinator is requested

Evaluator Signature

Crew Member Signature