Sloan Program in Health Administration
Preceptor’s Internship Performance Evaluation Form

Please fill out and return to the Sloan Administrative Assistant, Mary Hoffbeck. Please submit the evaluation in either electronic or hard copy at the conclusion of the student’s internship period.

Email address: mh679@cornell.edu Fax number: 607-255-4071

Mailing address: Mary Hoffbeck; Sloan Program in Health Administration, Cornell University, 3301E MVR Hall, Ithaca, NY 14853

If you have any questions, please call (607) 254-6461.

Thank you.

Student Name: _______________________________ Today’s Date: ____________

Preceptor Name/Title: _______________________________

Preceptor Phone: _____________________________

Internship Organization: ___________________________ Internship Period: ___________

Please describe the student’s main roles and responsibilities with your organization:

1) _______________________________________________

2) _______________________________________________

3) _______________________________________________

4) _______________________________________________

What were the student’s major strengths in the residency?

1) _______________________________________________

2) _______________________________________________

3) _______________________________________________
In what areas could the student improve in order to function more effectively?

1) 
2) 
3) 

What new skills did the student develop as a result of his/her residency?

1) 
2) 
3) 

Consistent with a number of professional groups and organizations, Sloan is seeking to track competencies for its students. For the following selected competency areas, please: a) Rate their importance for your internship; and b) Rate the student’s demonstrated knowledge in these areas at the level of an entry level careerist.

Importance for your Internship:
1=Not important
2=Somewhat important
3=Important
4=Very important
N/A= Not something that was applicable to this internship

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<thead>
<tr>
<th>Importance for your Internship (Check one box for each competency)</th>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Written and oral communication and presentation skills</td>
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<td>Financial and/or quantitative analysis (spreadsheet analysis etc.)</td>
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<td>Team-based collaboration and leadership skills (success in team-based activities)</td>
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<td>Understanding healthcare financing, regulatory and delivery systems</td>
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<td>Problem solving skills and critical thinking</td>
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Skills Utilized in Your Internship:
1=No knowledge in competency area
2=A little knowledge in competency area, but unable to perform skill
3=Some knowledge in competency area, and able to perform skill with assistance
4=A lot of knowledge in competency area, and able to perform skill independently
5=Mastered skill, could perform independently and instruct others
N/A= Not applicable
Skills Utilized in Your Internship: (Check one box for each competency)

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In addition to the numerical score, feel free to comment, as there are sometimes variations that are useful to understand.

______________________________________________________________________________

______________________________________________________________________________

Did the student maintain a positive attitude and professional demeanor? (Check one)

☐ Always    ☐ Most of the time    ☐ Some of the time

Did the student discover new interests or aptitudes?

☐ Yes    ☐ No

Please explain:

______________________________________________________________________________

______________________________________________________________________________

How well was the residency suited to the student’s abilities and interests? (Check one)

☐ Well suited    ☐ Satisfactorily suited    ☐ Not well suited

Please explain:

______________________________________________________________________________

______________________________________________________________________________

What is your overall evaluation of the intern’s performance? (Check one)

☐ Excellent    ☐ Good    ☐ Satisfactory    ☐ Needs improvement    ☐ Unsatisfactory

Are you interested in having another Sloan student intern next year? (Check one)

☐ Yes    ☐ No    ☐ Maybe
If “No” or “Maybe”, please indicate the reason:

______________________________________________________________________________

______________________________________________________________________________

Is there other preparation that you believe a Sloan student should have prior to arriving for an internship experience in your organization?

______________________________________________________________________________

______________________________________________________________________________

Please enter any additional comments:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Would you like the student to have access to this evaluation? □ Yes  □ No

Preceptor signature* ___________________________ Date __________________

*Note: Signature may be printed for forms submitted electronically