

SIX-MONTH ASSESSMENT FORM FOR MEDICAL PRACTITIONERS (Section 16(1) of the Medical Act 1971)

NOTE: Please use this form to assess practitioner's performances/abilities during the **SIX-MONTH** observation period.

EMPLOYEE NAME :

PASSPORT NO. :

DATE OF SUPERVISION : From ___ / ___ / ___ to ___ / ___ / ___.

DURATION OF SUPERVISION : _____ months.

INSTRUCTIONS:

For items listed below, please choose the most appropriate score using the rating scale as follows:

1	2	3	4	5
POOR	FAIR	GOOD	VERY GOOD	EXCELLENT

NO.	EVALUATION CRITERIA	1	2	3	4	5
1	QUANTITY OF WORK DONE					
2	QUALITY OF WORK					
3	COMMITMENT AND DEDICATION IN CLINICAL WORK					
4	PUNCTUALITY AND SELF DISCIPLINE					
5	ABILITY FOR CRITICAL AND ANALYTICAL THINKING					
6	INTERPERSONAL RELATIONSHIP & COMMUNICATION SKILLS					
7	TIME MANAGEMENT					
8	OVERALL RATING OF SPECIALIST PERFORMANCE					
9	JOB KNOWLEDGE					
10	INITIATIVE					
11	DEPENDABILITY					
13	SAFE WORK PRACTICE					

NO.	EVALUATION CRITERIA	1	2	3	4	5
14	DECISION MAKING					
15	HUMAN RESOURCE MANAGEMENT					
16	CUSTOMER SERVICE					
17	TEAMWORK					
18	ATTENDANCE					

COORDINATOR/SUPERVISOR COMMENTS & RECOMMENDATION

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SIGNATURE :
NAME :
DATE :
OFFICIAL STAMP :

DEAN/DIRECTOR COMMENTS & RECOMMENDATION

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SIGNATURE :
NAME :
DATE :
OFFICIAL STAMP :