**Evaluation of Internship Applicants at the**

**Small Animal Clinic, Vetsuisse Bern**

**Practice/name:**

**Address:**

**Tel. Number:**

**E-mail:**

**Specialty:**

**Last name, first name of the applicant:**

1. **For how long have you known the applicant?**

1. **In what capacity do you know the applicant?**

[ ]  clinical work / internship

[ ]  lectures / classes

[ ]  research project

[ ]  mentor / counselor

[ ]  private contact

Additional information:

1. **How many interns have you worked with in the last five years?**

1. **For each of the following three categories, please pick those two characteristics that best describe the applicant's strengths:**

**Character (please pick 2)**

[ ]  Professionalism

[ ]  Work ethic

[ ]  Initiative

[ ]  Dealing effectively with stressful situations

[ ]  Working independently

[ ]  Leadership

[ ]  Awareness of one's own strengths and weaknesses

[ ]  Awareness of one's own limits / seeks help when necessary

**Interpersonal (please pick 2)**

[ ]  Empathy for owners and patients

[ ]  Deals well with constructive criticism

[ ]  Communication with the owners

[ ]  Teamwork

[ ]  Helpfulness

[ ]  Takes responsibility

**Medical / technical skills (please pick 2)**

[ ]  Knowledge

[ ]  Organization

[ ]  Time management

[ ]  Technical skills

[ ]  Diagnostic skills

[ ]  Procuring information

[ ]  Patient care

**The applicant's strengths in your own words:**

1. **For each of the following three categories, please pick at least one characteristic with which the applicant needs assistance:**

**Character**

[ ]  Professionalism

[ ]  Work ethic

[ ]  Initiative

[ ]  Dealing effectively with stressful situations

[ ]  Working independently

[ ]  Leadership

[ ]  Awareness of one's own strengths and weaknesses

[ ]  Awareness of one's own limits / seeks help when necessary

[ ]  The applicant is so well-rounded that an improvement in this category

 is not possible

**Interpersonal**

[ ]  Empathy for owners and patients

[ ]  Deals well with constructive criticism

[ ]  Communication with the owners

[ ]  Teamwork

[ ]  Helpfulness

[ ]  Takes responsibility

[ ]  The applicant is so well-rounded that an improvement in this category

 is not possible

**Medical / technical skills**

[ ]  Knowledge

[ ]  Organization

[ ]  Time management

[ ]  Technical skills

[ ]  Diagnostic skills

[ ]  Procuring information

[ ]  Patient care

[ ]  The applicant is so skilled that an improvement in this category

 is not possible

**The applicant's weaknesses in your own words:**

1. **In your practice / clinic, would you hire the applicant?**

[ ]  Yes, without reservation

[ ]  Yes, but with reservation – why?

[ ]  No – why?

**Please submit a brief letter of reference of no more than 400 words. The lack of said letter of reference will be considered a negative evaluation of the applicant.**

**Date:** **Signature:**