

RATING SCALE FOR MEDICAL OFFICE ASSISTANT INTERN – COS 240

(Christie sends this to internship supervisor at both mid-point and end of internship experience.)

Student's Name: _____

Name of Business: _____

Period of Work: From _____ To _____

Note to site supervisor: Your completion of this assessment sheet will assist the internship coordinator in helping the student-learner become a more valuable employee.

Part 1

Supervisor:

1. Please check either "Satisfactory" or "Unsatisfactory" based on your impression of the intern.
2. Please write "N/A" next to item(s) that do not apply to the activities performed by the intern.
3. If you need additional space to write a comment, please use the back.

	Satisfactory	Unsatisfactory	Comments
A. COMPUTER SKILLS			
1. Creating, editing, and proofreading documents to include correct grammar, spelling, and formatting			
2. Saving files to folders/subfolders			
3. Using spreadsheets or databases			
4. Word processing of documents			
B. MEDICAL SKILLS			
1. Acting in an ethical manner			
2. Correctly and accurately coding disease and injury			
3. Maintaining client confidentiality			
4. Observing the medical system first-hand			
5. Transcribing physician dictation			
6. Using medical terminology appropriately			
7. Working as a medical office assistant			
8. Working with nationwide medical insurance programs			
C. OFFICE SKILLS			
1. Answering telephones			
2. Faxing			
3. Filing			
4. Handling mail			
5. Keyboarding at a rate of 50 wpm or more			
6. Meeting/greeting clients			
7. Photocopying			
8. Record keeping			
9. Scheduling appointments			

	Satisfactory	Unsatisfactory	Comments
D. OTHER			
1. <i>Anticipating situations</i>			
2. <i>Being tactful</i>			
3. <i>Exhibiting self-confidence</i>			
4. <i>Following through on tasks/projects</i>			
5. <i>Maintaining appropriate appearance and personal hygiene</i>			
6. <i>Taking the Initiative</i>			
7. <i>Using correct grammar when speaking</i>			

PART 2

What are the intern's strengths?

In what areas does the intern need to improve?

Other comments: (Please list anything you feel it is important for both the intern and the internship coordinator to know. Please use the back of this form if you need more room.)

SUPERVISOR'S SIGNATURE: _____ **DATE** _____

INTERN'S SIGNATURE: _____ **DATE:** _____