

ALLIED EMS SYSTEMS, INC. INTERNSHIP DAILY PERFORMANCE REVIEW

_____ (Name)	_____ (Shift)	_____/_____/_____ (Date)				
_____ (F.T.O.)	Unsatisfactory	Acceptable			Superior	
1. Vehicle Operation	N/A	1	2	3	4	5
2. Medical Equipment Operation	N/A	1	2	3	4	5
3. Medical Knowledge	N/A	1	2	3	4	5
4. Patient Interaction	N/A	1	2	3	4	5
5. Area Familiarization	N/A	1	2	3	4	5
6. Communications & Reports	N/A	1	2	3	4	5
7. Interagency Relations	N/A	1	2	3	4	5
8. Medical Skills	N/A	1	2	3	4	5
9. Appearance	N/A	1	2	3	4	5
10. Attitude	N/A	1	2	3	4	5

Comments: _____

(Intern Signature)

_____/_____/_____
(Date)

(F.T.O. Signature)

_____/_____/_____
(Date)