To whom it may concern,

We would like to thank you and your institution for giving our student the opportunity to do internship in your institution. Our student will gain his/her first experiences on occupational attitudes and behaviors, how to approach a patient, and [professional] communication under your supervision during his/her internship. In order to make an accurate evaluation at the end of the internship, we are asking the physiotherapist who manages the process to individually fill in the evaluation forms that are presented in the attachment. The table on the completion and approval of the internship is expected to be submitted to our department on a closed and signed/sealed envelope at the end of the internship by our student.

Thank you for your collaboration

With respect

Assoc. Prof. Seda YILDIZ

Haliç University

Faculty of Health Sciences

Head of the Department of Physiotherapy and Rehabilitation (English)

**CONTACT INFORMATION OF THE INTERNSHIP INSTITUTION**

The Internship Institution

Name:

Manager/Chief Physician:

Head of the Department of Physiotherapy and Rehabilitation:

Name of the Physiotherapist in Charge of the Internship:

Phone Number:

E-mail:

Physiotherapist In Charge Of the Internship

Name-Surname:

Signature:

**EVALUATION FORM ABOUT THE INTERNSHIP INSTITUTION *[to be filled by the student]***

It is important for the student to give feedback on the institution he/she has completed his/her internship to offer alternatives for the prospective interns. He/she is asked to fill in the form below according to his/her personal opinions.

General features of the internship institution: Very good O Good O Fair O Poor O Physical features of the internship institution: Very good O Good O Fair O Poor O Equipment competency of the internship institution: Very good O Good O Fair O Poor O

Work principles of the internship institution: Very good O Good O Fair O Poor O

Contribution of the internship institution to the student: Very good O Good O Fair O Poor O

Personal opinions about the institution [if any]:

Suggestions on the Internship [if any]:

 **STUDENT ATTENDANCE TABLE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Day  | Hour of Arrival  | Hour of Leaving  | Checked by  |
|  | Monday  |  |  |  |
|  | Tuesday |  |  |  |
|  | Wednesday |  |  |  |
|  | Thursday |  |  |  |
|  | Friday |  |  |  |
|  | Monday |  |  |  |
|  | Tuesday |  |  |  |
|  | Wednesday |  |  |  |
|  | Thursday |  |  |  |
|  | Friday |  |  |  |
|  | Monday |  |  |  |
|  | Tuesday |  |  |  |
|  | Wednesday |  |  |  |
|  | Thursday |  |  |  |
|  | Friday |  |  |  |
|  | Monday |  |  |  |
|  | Tuesday |  |  |  |
|  | Wednesday |  |  |  |
|  | Thursday |  |  |  |
|  | Friday |  |  |  |

[Name of] the Physiotherapist in Charge of the Internship: Signature:

Clinical internship of senior students is 12 and summer internships of sophomore and junior students are 20 workdays. Absenteeism is not accepted and the student must compensate for the days he/she does not attend the internship.

**EVALUATION OF THE PHYSIOTHERAPIST IN CHARGE OF THE INTERNSHIP (ATTACHMENT NO: 3)**

[Name of] the internship clinic:

Student

Name-Surname:

Start/End Date of the Internship:

Number of the Patients the Student was in Charge of:

**INTERNSHIP SCORE TABLE** (Each article must be evaluated out of 10 points)

|  |
| --- |
| 1. Examining Patients
 |
| 1. \*Analysis of the Assessment Results
 |
| 1. \*Organizing a Treatment Program
 |
| 1. \*Conducting the Treatment Program
 |
| 1. Communication with Patients
 |
| 1. Communication with Physiotherapists
 |
| 1. Communication with [Other Health] Staff
 |
| 1. Participation
 |
| 1. Conforming to the Dress Code
 |
| 1. Punctuality
 |
|  TOTAL SCORE |

The supervisor’s ideas and suggestions about the student

[Name of] the Physiotherapist in Charge of the Internship:

Signature: