

**Observation report for the facility and the implementation of internships  
at the Faculty of Medicine and Dentistry at the MUW**

**1) General information**

<b>Name and surname of the student</b>			
<b>Field of study</b>		<b>Year of study</b>	
<b>Internship location</b>			
<b>Observer</b>			

**2) Content-related assessment (grading scale 2-5: 2 lowest, 5 highest)**

<b>Item</b>	<b>Area</b>	<b>Grade</b>
1	<b>Is the student present at the internship location?</b>	
2	<b>Do the activities performed during the internship match the framework programme for the internship?</b>	
3	<b>Does the student carry out the internship in accordance with the internship schedule (absences)?</b>	
4	<b>Do the conducted classes enable the student to directly carry out specific practical activities?</b>	
5	<b>Does the equipment of the facility enable the realisation of the procedures required in the internship programme?</b>	
6	<b>Is the student's work continuously supervised by the designated internship supervisor?</b>	

**3) Observer's comments**

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**4) Comments of the facility manager or internship supervisor**

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Date: .....

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*Signature of the observer*

Date: .....

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*Signature of the head of the facility  
 or internship supervisor*