RASMUSSEN COLLEGE  
HEALTH INFORMATION TECHNICIAN PROGRAM  
PROFESSIONAL PRACTICE EXPERIENCE  
MENTOR EVALUATION

Student: ________________________________

Site Mentor: ________________________________

Facility: ________________________________

INSTRUCTIONS: Complete each item of this evaluation for each student under your mentorship. The evaluation should be shared with the student in conference prior to the end of the mentor experience. Please rate the student using the following criteria and circle the response which most clearly reflects your observation and evaluation. Specific relevant details and examples regarding your responses are encouraged in the "Comments" section following the questions for parts A-C of the evaluation form.

RATING CRITERIA:  
5 = Exceptional  
4 = Exceeds Expectations  
3 = Meets Expectations  
2 = Improvement Needed  
1 = Unsatisfactory

PART A: INTERPERSONAL RELATIONSHIP SKILLS

1. Did the student adjust quickly to his/her new surroundings and new role?  
   5  4  3  2  1

2. Did the student display a cooperative attitude towards others -- department head, supervisors, department employees, and other staff?  
   5  4  3  2  1

3. Did the student display a courteous and respectful attitude, sensitivity, and good listening skills?  
   5  4  3  2  1

4. Did the student willingly participate in activities assigned and demonstrate an optimistic disposition?  
   5  4  3  2  1

5. Did the student accept and respond to criticism or suggestions in a positive and appropriate manner?  
   5  4  3  2  1

6. Did the student exhibit enthusiasm?  
   5  4  3  2  1

COMMENTS:
PART B: PROFESSIONAL PRESENTATION

1. Did the student abide by the employee rules and regulations?
   5 4 3 2 1
2. Was the student’s appearance neat, clean, and professional?
   5 4 3 2 1
3. Did the student display professional ethics and adhere to confidentiality rules and regulations?
   5 4 3 2 1
4. Did the student demonstrate punctuality in reporting for work and scheduled appointments and notify the Mentor of any absences in advance?
   5 4 3 2 1
5. Did the student demonstrate initiative in discussions to enhance his/her learning experience?
   5 4 3 2 1
6. Did the student conduct him/herself in such a manner as to reflect dignity to the student and the profession?
   5 4 3 2 1

COMMENTS:

PART C: PROJECT

Please give a brief description of the project assigned to the student: ____________________________

__________________________

1. Did the student exhibit understanding of basic health information processes?
   5 4 3 2 1
2. Did the student demonstrate technical accuracy and proficiency in performing health information procedures?
   5 4 3 2 1
3. Did the student complete tasks assigned according to written or verbal instructions in an organized, neat, and legible manner?
   5 4 3 2 1

Where was this project completed? __ HIM Department __ Other Department __ Home
Overall Rating of Project Completed:

- Exceptional
- Commendable
- Competent
- Needs Improvement
- Unsatisfactory

2. General Comments: Any comments on your impression of the student's abilities, identification of areas in which the student needs improvement, or other comments are suggested here to assist in the student's career development.

Signature and Title of Evaluator(s):

Signature (No typed signatures)  Title  Date

Signature (No typed signatures)  Title  Date

Student's Signature:

Signature (No typed signatures)  Date