

An NSERC CREATE Program Student Performance Appraisal

Information				
Student Name				
Internship Company/Agency				
Internship Supervisor and Position				
Others involved in supervising/mentoring the				
student				
Internship start date				
Internship end date				
GENERAL GUIDELINES				
positive feedback on skill areas of strength a	ne of education for the graduate student and to provide nd skills areas requiring further development.			
b) The details of specific training that students completed will be reported to NSERC as per CREATE program guidelines				
c) The performance appraisal should be provided by the Internship Supervisor to the graduate student at the conclusion of the internship experience.				
d) The student, Internship Supervisor, and the VADA Program are expected to sign the performance appraisal indicating their concurrence with or rejection of the evaluation.				
INTERNSHIP SUPERVISOR TO COMPLETE				
1. Student has understood the structure/policies ☐ Has exceeded requirement ☐ Ha	es/functions of the agency/company: as met requirement			
Comments:				
 Student appreciated the social, political, and functions: 	d economic context in which the agency exists and			
☐ Has exceeded requirement ☐ Ha	s met requirement			
Comments:				
3. Student participated as an effective team me	ember:			
☐ Has exceeded requirement ☐ Has met requirement ☐ Has not met requirement				
Comments:				







	onstructive suggestior ceeded requirement	·		requirement
Comments:				
	nicated the results of seeded requirement	· · · ·	· · · =	• •
comments.				
•	ed all project require ceeded require	•		requirement
Comments:				
CLIDED (ICODY COLA)	AUTTEE COLAN AENTS			
SUPERVISORY COMM Please list any articles during the internship	s, conference present	ations/posters or awa	ards that were the res	sult of work done
Type of publication	Title	Name of journal/conference	Date submitted or accepted	Authors
Please describe any t duration in hours: Comments:	raining students comp	l	pped specifically for the	he placement and its

Internship Supervisor Comments:				
Internship Supervisor Signature:				
Date:				
Student Comments:				
Student Signature:				
Date:				
VADA Program Representative Comments:				
VADA Frogram Representative Comments.				
VADA Program Representative's Signature				
Date:				

Please submit to:

VADA Program Coordinator George and Fay Yee Centre for Healthcare Innovation Third floor, Chown Building - 753 McDermot Avenue Winnipeg, MB, Canada R3E 0T6

Email: vada.program@chimb.ca

The VADA Program will send a copy of the completed appraisal to all parties once signatures are obtained.