



The VADA Program

Visual and Automated Disease Analytics
Graduate Training Program

Internship Check in Form

Student Name: _____

Internship Host/Supervisor: _____

Internship start: _____ Internship end: _____

The purpose of this check in is to assess trainee performance and progress of the internship project in order to identify any areas of concern. Please submit completed forms to
vada.program@chimb.ca

Performance	Evaluation
The student is understanding the structure/policies/functions of the organization	Exceeds expectations Meets expectations Does not meet expectations
The student appreciates the social, political, and economic context in which the agency exists and functions	Exceeds expectations Meets expectations Does not meet expectations
The student participates as an effective team member	Exceeds expectations Meets expectations Does not meet expectations
The student makes constructive suggestions and accepts constructive criticism	Exceeds expectations Meets expectations Does not meet expectations
The student communicates effectively to agency personnel	Exceeds expectations Meets expectations Does not meet expectations

Student comments:

Student Signature: _____

Host comments:

Host Signature: _____



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