

## EXTERN EVALUATION FORM

Evaluation form is due at the end of the externship to ACLAM.

Please type into the form fields.

Name of Extern: \_\_\_\_\_

Date of Externship: \_\_\_\_\_

Externship Program Location: \_\_\_\_\_

1. Was this a satisfactory experience? Yes No

Briefly summarize the strengths and weaknesses of your externship experience.

2. Did you gain a thorough understanding of the field of laboratory animal medicine? Yes No

3. Has your opinion of laboratory animal medicine changed as a result of this externship experience? Yes No Maybe Unsure

If the answer is yes, please elaborate how. If the answer is no, maybe, or unsure, please explain why.

4. Were you considering a career in laboratory animal medicine before participating in this externship? Yes No

5. Are you now considering entering this specialty? Yes No Maybe Unsure

If the answer is no, maybe, or unsure, please outline your reservations.

6. ACLAM would like to follow up with externship participants to determine the long-term impact of this externship program on their career paths. May we contact you periodically during the next 2–3 years to determine how your career goals and plans have evolved? Yes No

If yes, please list your contact information below and your preferred method of contact. Thank you for your assistance with this important ACLAM planning project.

Please save this form in the following convention: “your last name” “the year”externeval.doc. For example: smith2009externeval.doc

Please email this form to:

Dr. Melvin W. Balk, Executive Director, ACLAM

mwbacclam@gsinet.net