## PHYSICAL THERAPIST STUDENT EVALUATION:

## CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

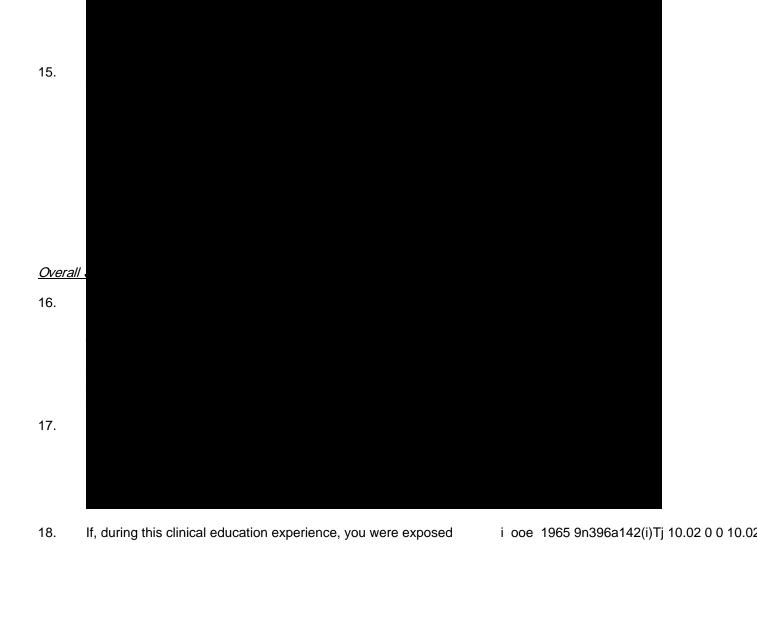
## **GENERAL INFORMATION AND SIGNATURES**

General Information		
Student Name		
Academic Institution		
Name of Clinical Education Site		
Address	City	State
Clinical Experience Number	Clinical Experience Dat	es
<u>Signatures</u>		
I have reviewed information contained in education experience and of clinical instrato facilitate accreditation requirements. It students in the academic program files.	uction. I recognize that the infor	mation below is being collected ormation will not be available to
Student Name (Provide signature)		Date
Primary Clinical Instructor Name (Print na	ame)	Date
Primary Clinical Instructor Name (Provided Entry-level PT degree earned Highest degree earned Years experience as a Cl Years experience as a clinician Areas of expertise Clinical Certification, specify area	Degree area	-

9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

Environment	Rating
Providing a helpful and supportive attitude for your role as a PT student.	
Providing effective role models for problem solving, communication, and teamwork.	
Demonstrating high morale and harmonious working relationships.	
Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA,	
informed consent, APTA Code of Ethics, etc).	
Being sensitive to individual differences (ie, race, age, ethnicity, etc).	
Using evidence to support clinical practice.	
Being involved in professional development (eg, degree and non-degree continuing	
education, in-services, journal clubs, etc).	
Being involved in district, state, regional, and/or national professional activities.	

10.	What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth?
<u>Clinical</u>	Experience
11.	Were there other students at this clinical facility during your clinical experience? (Check all that apply):
	Physical therapist students Physical therapist assistant students Students from other disciplines or service departments (Please specify)
12.	Identify the ratio of students to CIs for your clinical experience: pa



## **SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION**

Information found in this section is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in

If there were inconsistencies, how were they discussed and managed?
Midterm Evaluation
Final Evaluation
Titlal Evaluation
What did your CI(s) do well to contribute to your learning?
Midterm Comments
Final Comments
What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?
Midterm Comments
widterii oonineria
Final Comments

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.