PHYSICAL THERAPIST STUDENT EVALUATION:

CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

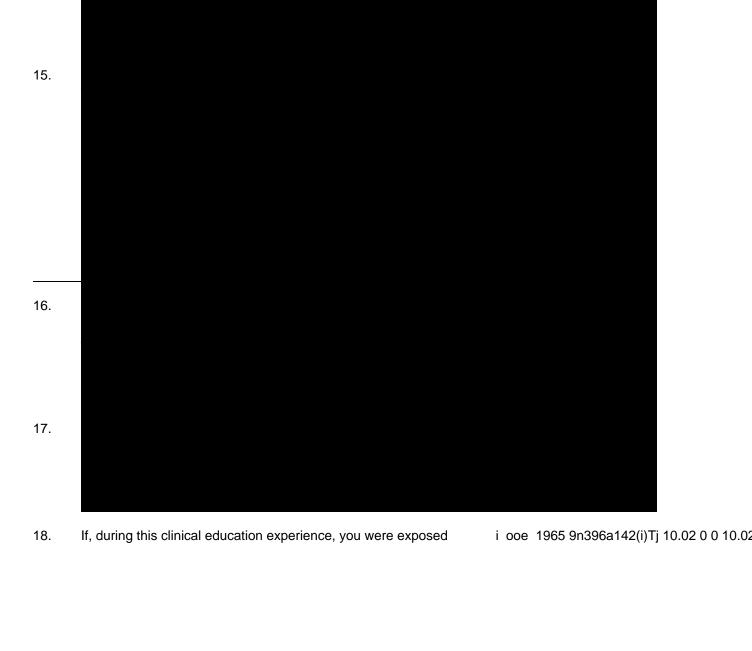
GENERAL INFORMATION AND SIGNATURES

General Information Student Name _____ Academic Institution _____ Name of Clinical Education Site _____ Address City State Clinical Experience Number _____ Clinical Experience Dates____ I have reviewed information contained in this physical therapist student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements. I understand that my personal information will not be available to students in the academic program files. Student Name (Provide signature) Date Primary Clinical Instructor Name (Print name) Date Primary Clinical Instructor Name (Provide signature) Entry-level PT degree earned Highest degree earned______Degree area_____ Years experience as a CI Years experience as a clinician _____ Areas of expertise Clinical Certification, specify 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.	

What suggestions, relative to the items in question #9, could you offer to improve the environmen for professional practice and growth?
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)
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
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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.