

ANGELO STATE UNIVERSITY  
College of Health and Human Services  
Doctor of Physical Therapy Program

**Clinical Practicum Mid-term Site Visit Evaluation Form**

Date of Visit \_\_\_\_\_ Phone \_\_\_\_\_ Site \_\_\_\_\_

Student \_\_\_\_\_

Clinical Practicum I II III (Circle one) Dates of Practicum \_\_\_\_\_

Facility \_\_\_\_\_ Type of Practice \_\_\_\_\_

Clinical Instructor(s) \_\_\_\_\_

CCCE \_\_\_\_\_

Student Schedule \_\_\_\_\_

Days Absent \_\_\_\_\_ Days Made Up \_\_\_\_\_

**MID-TERM EVALUATION**

Completed mid-term evaluation available for review

Student Evaluation Yes \_\_\_ No \_\_\_ Clinical Instructor Evaluation Yes \_\_\_ No \_\_\_

If no, please review evaluations with student and clinical instructor/CCCE verbally.

**COMMENTS**

Student Comments: [Focus on orientation, patient load (types, amount), special experiences, level of supervision/feedback]

Clinical Instructor/facility strengths:

Clinical Instructor/facility weaknesses:

Other comments: (Does the CI understand our systems approach? Have any difficulties arisen? Level of didactic preparation)

Clinical Instructor Comments: (Focus on professional behavior/attitude, communication, documentation, problem solving, selection of evaluation procedures, performance, implementation of solution, patient progression)

Student strengths:

Student weaknesses:

Other Comments: (inservice, management skills)

ACCE/Faculty Comments:

Site Visitor Signature \_\_\_\_\_ Date \_\_\_\_\_