

Year \_\_\_\_\_

Rating \_\_\_\_\_

Angelo State University  
College of Health and Human Services  
Doctor of Physical Therapy Program

Clinical Instructor Evaluation Form

Clinical Instructor: \_\_\_\_\_ Facility: \_\_\_\_\_

- Yes \_\_\_ No \_\_\_ Current license to practice in the state of the facility.
- Yes \_\_\_ No \_\_\_ Minimum of one-year full-time experience in clinical practice.
- Yes \_\_\_ No \_\_\_ \* Credentialed Clinical Instructor (APTA, Texas Consortium or other)
- \*Optional, but desired

Circle the word that best expresses your assessment of this clinical instructor. Please comment when appropriate.

- |    |   |      |      |           |           |          |
|----|---|------|------|-----------|-----------|----------|
| 1. | Communicates effectively with student physical therapist, Center Coordinator of Clinical Education, and Academic Coordinator of Clinical Education. |      |      |           |           |          |
|    | Poor  | Fair | Good | Very Good | Excellent | Comments |
| 2. | Evaluates each student's progress appropriately.  |      |      |           |           |          |
|    | Poor  | Fair | Good | Very Good | Excellent | Comments |
| 3. | Supervises each student effectively.  |      |      |           |           |          |
|    | Poor  | Fair | Good | Very Good | Excellent | Comments |
| 4. | Provides appropriate learning experiences based on student's knowledge and skill level.   |      |      |           |           |          |
|    | Poor  | Fair | Good | Very Good | Excellent | Comments |
| 5. | Practices in a safe, ethical and legal manner.  |      |      |           |           |          |
|    | Poor  | Fair | Good | Very Good | Excellent | Comments |
| 6. | Maintains clinical competence through continuing education.   |      |      |           |           |          |
|    | Poor  | Fair | Good | Very Good | Excellent | Comments |
| 7. | Models professional behavior.   |      |      |           |           |          |
|    | Poor  | Fair | Good | Very Good | Excellent | Comments |
| 8. | Recognizes appropriate role of student in clinical setting.   |      |      |           |           |          |
|    | Poor  | Fair | Good | Very Good | Excellent | Comments |

I recommend that ASU student physical therapists continue to be assigned to this Clinical Instructor  
\_\_\_\_\_ without reservation. \_\_\_\_\_ after further communication/training. \_\_\_\_\_ do not recommend.

Comments: (use reverse side for additional space)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_