

Angelo State University  
College of Nursing and Allied Health  
Department of Physical Therapy

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
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- 2. Evaluates each student’s progress appropriately.  

	Poor	Fair	Good	Very Good	Excellent	Comments
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- 3. Supervises each student effectively.  

	Poor	Fair	Good	Very Good	Excellent	Comments
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- 4. Provides appropriate learning experiences based on student’s knowledge and skill level.  

	Poor	Fair	Good	Very Good	Excellent	Comments
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- 5. Practices in a safe, ethical and legal manner.  

	Poor	Fair	Good	Very Good	Excellent	Comments
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- 6. Maintains clinical competence through continuing education.  

	Poor	Fair	Good	Very Good	Excellent	Comments
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- 7. Models professional behavior.  

	Poor	Fair	Good	Very Good	Excellent	Comments
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- 8. Recognizes appropriate role of student in clinical setting.  

	Poor	Fair	Good	Very Good	Excellent	Comments
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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: \_\_\_\_\_