

Appendix X

6. Please circle your response to the following statement:

“The academic preparation of this Angelo State University MPT student compares favorably with MPT students from other academic programs on their first clinical experience.”

Strongly Agree Agree Disagree Strongly Disagree No Opinion/Experience

Additional Comments:

Please complete the following.

Name of Facility _____

Clinical Instructor’s name (please print) _____

Clinical Instructor’s Signature _____ Date completed _____

Name of person completing this form if different from above (print) _____ Signature _____

Please return this document in the pre-addressed envelope or fax to Harriet Lewis at (325) 942-2548. In addition, please accept our sincere appreciation for your input. If you have any questions, please feel free to contact the Academic Coordinator of Clinical Education (325-942-2394 or harriet.lewis@angelo.edu)