

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

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: _____