Appendix L

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: ___________________________

My documents/ClinEd Handbook/CI.Eval
5/13/09