

Bay State College Physical Therapist Assistant Program

Use of the Clinical Education Experience Anecdotal Record Form

The purpose for the Anecdotal Record Form is to provide CI's with a means of recording significant examples of student performance and behavior when they occur. *The form can be used to document positive as well as negative incidents*. However, the use of the Anecdotal Record is a particularly important for documenting problem performance or behavior. In addition to providing a permanent record that the occurrence was discussed with the student, it provides an over-all framework for the discussion that the CI may find helpful.

Through documentation of all problem performance and behavior is essential. The form must be carefully reviewed with the student. The student should be made aware of potential repercussions if the negative behavior/performance problem continues, such as lowering of rating on performance evaluation and/or potential failure of the clinical. The student, the CI and/or the CCCE must sign the form. Student signature signifies that the incident, consequences, and expectations future performance were discussed with them.

Report the incident as it occurred in as objective a manner as possible. Be certain that the potential or actual negative consequences and the expectations for future performance are very clear. In some instances it may be helpful to have the CCCE sit in on the discussion with the CI and the student.

If performance or behavior problems significant enough to warrant use of this form are observed contact with the ACCE, (617) 217-9437 or kforget@baystate.edu, is important. All Anecdotal Record forms must be returned to the ACCE along with the performance evaluation at the end of the affiliation.

BAY STATE COLLEGE PHYSICAL THERAPIST ASSISTANT PROGRAM CLINICAL EDUCATION EXPERIENCE ANECDOTAL RECORD

Student Name:	Date:
Clinical Instructor:	Facility:
separate page if needed). All Anecdotal Re	nt or behavior. (Use back of the sheet or attach a ecords must be returned to the ACCE with the final should also be notified of significant problem occur.
Date and time of incident: Setting:	
Individuals involved:	
Student action or behavior:	
CI's evaluation of consequences of stud	dent action or behavior:
Student's comments:	
CI/Student understanding regarding beh	navior/actions expected in the future:
The information above was discussed with performance/behavior expected of me in the	me. I understand the concerns raised and the ne future.
Student Signature	Date:
	Date:
Clinical Instructor Signature	