

**University of North Florida Physical Therapy Program  
Practicum Evaluation**

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Site Name:** \_\_\_\_\_ **CI Name** \_\_\_\_\_

**Type of Rotation:** \_\_\_\_\_ Acute Care      \_\_\_\_\_ Outpatient      \_\_\_\_\_ Rehab/Sub-acute  
                                  \_\_\_\_\_ Home Health Care      \_\_\_\_\_ Other (please describe) \_\_\_\_\_

**I. On the first day of the clinical practicum, provide your clinical instructor (CI) with a copy of this evaluation form and review it with the CI in order for you and your CI to become familiar with the areas in which you will be evaluated.**

**II. Prior to the fourth scheduled visit, complete a self-assessment by circling the appropriate letter in the chart listed below. Ask your CI to complete the form and schedule a time before or during your fifth visit to meet and review this form.**

<b>Student</b>	<b>Area of Evaluation</b>	<b>CI</b>
S    U	Safety of self, patients, others	S    U
S    U	Professional manner, dress, etc	S    U
S    U	Demonstrates application of ethical and legal practice	S    U
S    U	Communication skills w/ patients/family, supervisors, other professionals	S    U
S    U	Chart review – identifies relevant information	S    U

Please evaluate the student in all areas indicated in the table

S = Satisfactory

U=Unsatisfactory

CI: Please describe what additional activities the student participated in and comment on the student's performance: (for example, transfer training, gait training, etc.)

---



---



---



---



---

Student: Please provide comments on your practicum experience including your areas of strength, areas in which you would like to improve, feedback to your CI, and the types of activities you were able to observe/participate:

---



---



---



---



---

Review the evaluation and comments with your CI and return both your form and the CI's form to your ACCE following completion of the practicum.