Department of Physical Therapy & Rehabilitation Science The University of Iowa

STUDENT PERFORMANCE EVALUATION*

PTRS:6792/101:191 Clinical Education III (Two Week Clinical) 2nd Year DPT Students

Student Name:			
Dates of Clinical Experie	ence:		
Name of Clinical Facility	:		
Address:			
	(Street)		
	(City)	(State)	(Zip)
Clinical Instructor's Nam	e:(Please Print)		
and utilize it in working patients. Fill in the circle	individually with students to e along the continuum which re	g student performance. We will respace achieve the desired goal of expert effects your evaluation of the student e a characteristic, check the "did no	ise in the care of nt with respect to
Academic Coordinators	of Clinical Education at the	t, sign and return it to Byron Bor Department of Physical Therapy of ation Building, Iowa City IA 52242	& Rehabilitation
•	U 1	form may be directed to Byron Borl kelly-sass@uiowa.edu), Academio	-
Date of Student Perform	ance Evaluation: January 7-1	8, 2013	
Clinical Instructor Signat	ure:		
Student Signature:			

^{*}The University of Iowa Department of Physical Therapy & Rehabilitation Science utilizes this evaluation form for this two week long clinical experience. The Clinical Internship Evaluation Tool (CIET) is used for the 6 & 9 week long clinical internships.

			For level or	f training		
	Does not mexpectation		Meets expectations		exceeds ectations	Did no Observe
	1	2	3	4	5	0
1. Gathers appropriate information during patient history taking.	0	0	0	0	0	0
2. Locates and interprets information in patient medical record pertinent to PT.	0	0	0	0	0	0
3. Relates concepts learned in classroom to specific clinical situations.	0	0	0	0	0	0
4. Performs the following clinical skills:						
a. vital signs	0	0	0	0	0	0
b. positioning	0	0	0	0	0	0
c. transfers	0	0	0	0	0	0
d. gait training with assist devices	0	0	0	0	0	0
e. goniometry	0	0	0	0	0	0
f. MMT	0	0	0	0	0	0
g. physical agents	0	0	0	0	0	0
h. spine exam & intervention	0	0	0	0	0	0
i. UE exam & intervention	0	0	0	0	0	0
j. other:	0	0	0	0	0	0
 Demonstrates awareness of contraindications & precautions to treatment 	0	0	0	0	0	0
6. Documents a progress note in a concise, accurate format	0	0	0	0	0	0
7. Establishes rapport with patients	0	0	0	0	0	0
3. Demonstrates respect for patients	0	0	0	0	0	0
9. Works well with all members of healthcare team	0	0	0	0	0	0
10. Demonstrates sensitivity & competence when working with people of diverse backgrounds	0	0	0	0	0	0
11. Shows initiative in addressing deficits in own knowledge/skills	0	0	0	0	0	0
Student Strengths:						

Suggestions for Improvement:		
Suggestions for improvement.		