

## Anecdotal Record

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator/Observer: \_\_\_\_\_

**Setting (place, persons involved, atmosphere, etc.)**

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**Student Action or Behaviour**

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**Evaluator Interpretation**

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Student's signature: \_\_\_\_\_ Evaluator's signature: \_\_\_\_\_

**Student's Comments**

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Format adapted from: Shea ML, Boyum PG, Spanke MM. *Health Occupations Clinical Teacher Education Series for Secondary and Post Secondary Educators*. Urbana, IL: Department of Vocational and Technical Education, University of Illinois at Urbana-Champaign; 1985.

Adapted from the American Physical Therapy Association.

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Physical Therapy  
UBC