

**Medical Imaging Academy**  
**3420 West 84<sup>th</sup> Street, Suite 106 Hialeah, FL 33018**  
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**Clinical Instructor Evaluation Form**

**Clinical Instructor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SA - Strongly Agree**

**A - Agree**

**N - Neutral**

**D - Disagree**

**SD - Strongly Disagree**

Question	SA	A	N	D	SD
The instructor was on time for clinic.					
The instructor was readily available during clinic hours.					
Was the instructor responsible for including conference time in this clinic (rotation)?					
The instructor displayed a courteous and professional manner toward me.					
The instructor displayed a courteous and professional manner toward the patient.					
I was made aware of the expectations of the clinic instructor at the appropriate time in the clinic rotation.					
The instructor provided me with clear, specific feedback about my performance.					
The clinic instructor made a point of observing some of my clinical skills.					
The instructor taught performance skills by assisting in the use of instruments and giving demonstrations.					
The instructor taught thinking skills, for example, by asking hypothetical questions, by asking me to make predictions, or by providing explanations for conditions observed in patients.					
The instructor had expertise in the clinic areas assigned.					

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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