

Student: \_\_\_\_\_

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

Clinical Facility: \_\_\_\_\_

- E - Excellent
- AA - Above Average
- A - Average
- BA - Below Average
- N/A - Not Applicable
- N/O - Not Observed

EVALUATION FORM	RATING	COMMENTS
<b>I. Orientation to Experience</b> a. Tour b. Introduction c. Objectives		
<b>II. Patient Contact Experience</b> a. Various types b. Patient load		
<b>III. Exposure to Other Learning Experiences</b> a. Staffings b. In-services c. Other		
<b>IV. Supervision of Therapist(s)</b> a. Cooperation b. Organization c. Instruction d. Feedback		
<b>V. A. Strengths</b>  <b>B. Weaknesses</b>  <b>C. Other comments</b>		

Evaluation discussed with supervisor on this date: \_\_\_\_\_

Student's signature \_\_\_\_\_

Supervisor's signature \_\_\_\_\_

Please give a brief description of your experience for future students: