STUDENT EVALUATION OF
INTRODUCTION TO CLINICAL PLACEMENT

The purpose of this evaluation is to assist in the development of the clinical student education program.

Student Name: ________________________________________________________________

Facility: ________________________________________________________________

Supervising Therapist: ________________________________________________________

Dates of the Placement: _______________________________________________________

Please keep a copy for your records and return this document to:

Academic Coordinator of Clinical Education
Department of Physical Therapy
2-50 Corbett Hall
University of Alberta
Edmonton, AB
T6G 2G4

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I. PREPARATION FOR YOUR PLACEMENT

1. Were you provided with sufficient and appropriate information to prepare for this placement?  
   Yes  No

2. What additional information would have been helpful?

II. ORIENTATION

1. A timely and appropriate orientation was provided:  
   Yes  No

2. What, if any, additional information would have been helpful?

The Supervising Physiotherapist and/or designated staff was available to receive questions:

SA  A  N  D  SD

Comments: ____________________________________________________________

III. OBSERVATION AND HANDS-ON EXPERIENCE

1. The general expectations were discussed with the Supervising Physiotherapist.

   SA  A  N  D  SD

   Comments: ____________________________________________________________

2. Answers to questions, explanations and demonstrations by the Supervising Physiotherapist and/or other staff were helpful:

   SA  A  N  D  SD

   Comments: ____________________________________________________________
3. The student was questioned/coached in a way to facilitate student learning; to encourage the student to ask questions; to encourage dialogue:

   SA  A  N  D  SD

Comments: __________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

4. The student was provided with timely and appropriate supervision.

   SA  A  N  D  SD

Comments: __________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

5. Effective learning experiences were developed out of unexpected situations:

   SA  A  N  D  SD

Comments: __________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

IV. CLINICAL PRACTICE

1. There was opportunity to spend time observing other disciplines: Yes No

   If yes, the time spent in observation was valuable:

   SA  A  N  D  SD

Comments: __________________________________________________________

_____________________________________________________________________

2. Was there any significant discrepancy between method(s) used as opposed to method(s) taught in the school? Yes No

   If the answer is “yes” please give details regarding subject(s) and differences in method(s):

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________
V. EVALUATION

1. The student was provided with timely and appropriate feedback in a constructive and appropriately discreet manner:

   SA  A  N  D  SD

   Comments: _____________________________________________
   _______________________________________________________
   _______________________________________________________

VI. WORKING RELATIONSHIPS

1. Are there any comments that you would like to make on the specific working relationships encountered during this placement?

   SA  A  N  D  SD

   Comments: _____________________________________________
   _______________________________________________________
   _______________________________________________________

VII. GENERAL

1. Did you enjoy your time spent in this placement?

   Comments: _____________________________________________
   _______________________________________________________
   _______________________________________________________

2. What impressed you most in this placement?

   Comments: _____________________________________________
   _______________________________________________________
   _______________________________________________________

3. What impressed you least?

   Comments: _____________________________________________
   _______________________________________________________
4. Any other comments or suggestions? How could your time in this placement have been improved, etc.

Comments: __________________________________________________________

______________________________________________________________

______________________________________________________________

Thanks for sharing this information:

___________________________________________

Date

___________________________________________  __________________________

Student Site Coordinator of Clinical Education