

# Clinical Instructor Survey

## Clarke University - Physical Therapy Program

The faculty appreciates your commitment to clinical education and the time you have invested in the student from Clarke University. In order to evaluate our program, we need your feedback to the questions below. Please return this form with the final student evaluation. Thank you!

Facility Name: \_\_\_\_\_ Student: \_\_\_\_\_

Your facility should have received the website link for the Clarke University Clinical Education Manual prior to the arrival of the student.

Did you receive the link from your Center Coordinator prior to the student's arrival?  Yes  No  
 Were you able to review the manual prior to the student's arrival?  Yes  No

If you received the website link and reviewed the manual, please rate the information in this manual using the key below:

- |   |                              |   |                                   |
|---|------------------------------|---|-----------------------------------|
| 1 | Very informative and helpful | 3 | Minimally informative and helpful |
| 2 | Informative and helpful      | 4 | Not informative and helpful       |

	1	2	3	4
Clarke University Mission Statement . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarke University PT Program Mission and Philosophy . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarke University PT Curriculum . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of Clinical Education . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Education Policies and Procedures . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Performance Instrument Web Link. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you receive the Student Information Sheet prior to the start of the clinical rotation?  Yes  No

Were you contacted by a Clarke PT Faculty member at least one time during the student's rotation?  Yes  No

How would you rate the guidance/support provided by the Clarke PT Faculty member at the mid-internship visit?  
 Excellent  Good  Satisfactory  Poor

**Please rate (√) your perception of the student's preparedness in the following areas:**

Criteria	Excellent	Above Average	Average	Below Average	Poor	Not Observed
Basic Sciences (Anatomy and Physiology)						
Basic Patient Care						
Safety Issues						
<b>EXAMINATION SKILLS</b>						
Musculoskeletal						
Neuromuscular						
Cardiopulmonary						
Integumentary						
<b>INTERVENTION SKILLS</b>						
Musculoskeletal						
Neuromuscular						
Cardiopulmonary						
Integumentary						
Interpersonal/Communication Skills						
Critical Thinking/Problem Solving						
Documentation						
Health Care Delivery						

*Thank you for taking the time to complete this survey!*