

Faculty Reviewer:	<input type="checkbox"/> Site visit <input type="checkbox"/> Telephone visit
Student:	
Facility:	
Facility Phone:	
SCCE:	
SCCE – Email:	
Type of Clinical:	
Clinical Instructor:	

A. Student Comments

How many and what types of patients are you seeing?	
What types of treatments are you doing?	
Any other learning experiences (not including direct patient care)?	
Do you feel prepared for this experience?	<input type="checkbox"/> Yes. What contributed to your preparation? <input type="checkbox"/> No. What is lacking?
Interaction with C.I. (frequency and type of feedback)	
Are you making progress toward initial goals YOU set at the beginning of the internship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you and your CI discuss YOUR goals or set new goals together?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you completing reflective journaling weekly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you sharing your journal with your CI?	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. Clinical Instructors Comments

1) Has the student exhibited safety in clinical experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No DESCRIBE
2) Has the student exhibited appropriate professional behaviors (dress, punctuality, communication skills, conflict resolution) in interactions with patients and staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No DESCRIBE
3) Did you and the student meet during the first week to discuss this experience - including the evaluation tool and goal setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Has the student shared their journal with you weekly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Has the student exhibited appropriate levels of critical thinking and problem solving in patient care for their level of experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Does the student accept criticism without defensiveness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Is the student's documentation appropriate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) How would you describe the student's hands on ability?	
9) With what skills or techniques is the student excelling?	
10) What needs to be given more attention?	
11) At this time, do you perceive any risk of the student not being successful in this rotation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12) How does the student's academic preparation compare to that of students of the same level from other programs?	