Student __________________________  Clinical Site __________________________

Instructor/Preceptor __________________________  Date ______________________

Arrival Time ________ Departure Time ________  Total Number of Hours ________

(This side must be filled out completely before giving it to your instructor/preceptor. Document all pertinent learning activities in the Student Comments section.)

Area Assigned __________________________  Number of Patients Contacted ________

Check here for a make-up day and write what date was missed □ __________

List Primary Diagnosis of Patients Contacted __________________________

Procedures Observed (O) Performed (P) and Evaluated (E) and initial by therapist/preceptor. For assignments involving observation only – no performance or evaluation documentation is needed.

___________________________________________        _________________________

___________________________________________        _________________________

___________________________________________        _________________________

___________________________________________        _________________________

___________________________________________        _________________________

Student Comments ________________________________________________________

________________________________________________________________________

________________________________________________________________________

(Check one box below)

☐ I arrived clinical on time.

☐ I arrived clinical late. I called at _____ AM/PM and notified ____________________.

Student Signature __________________________  Date ______________________

(Signature must be legible and include first initial and last name)

*This form is used to document student learning experiences and it may contain patient information. Strict privacy and confidentiality must be observed.
For Clinical Preceptor/Therapist to complete:
Please circle a rating for each category – for ratings less than “meets expectation” please check a box to reflect what was observed

Rating Scale: 1 =Far Below Expectation  2 =Below Expectation  3 =Meets Expectation  4 = Exceeds Expectation  5 = Far Exceeds Expectation   N/A = Not Applicable

Overall Dependability:  1   2   3   4   5    N/A (← circle one)
(Check ☐ below if rated at 1 or 2)
☐ Arrives and departs as scheduled
☐ Is punctual and reliable in completing assignments
☐ Makes himself or herself available to assist with patients or others
☐ Is aware of limitations, seeks assistance as appropriate

Professionalism:   1   2   3   4   5     N/A  (← circle one)
(Check ☐ if rated at 1 or 2)
☐ Observes patient confidentiality
☐ Seeks out learning opportunities
☐ Maintains a professional rapport with patients and others

Organization:   1   2   3   4   5     N/A  (← circle one)
(Check ☐ if rated at 1 or 2)
☐ Clarifies and organizes assignment effectively
☐ Collects patient information appropriately
☐ Knows the location of equipment and supplies
☐ Coordinates care with instructor/therapist and nursing staff

Comment for N/A _____________________________________________________

Participation:  1   2   3   4   5    N/A (← circle one)
(Check ☐ if rated at 1 or 2)
☐ Performs assignment correctly and efficiently
☐ Participates in formal and informal learning opportunities
☐ Makes suggestion for care as appropriate

Comment for N/A _____________________________________________________

Appearance:  1   2   3  (← circle one) There is no rating for Exceeds/Far Exceeds
(Check ☐ if rated at 1 or 2)
☐ Dresses in appropriate uniform, with name tag & essential clinical supplies
☐ Provides a professional image in grooming and hygiene

I verify that the student was present from _______ A.M. / P.M. to _______ A.M./ P.M.

Instructor/Preceptor Signature ______________________________  Date __________

Print name: _____________________________________________________________

Comments  ______________________________________________________________

STUDENTS: KEEP THE ORIGINAL and bring it to the office at the end of the week.