

CLINICAL PERFORMANCE EVALUATION
Physical Therapy Program
University of Wisconsin-Madison

Student _____ Rotation Date: _____
Facility _____ City/State _____

CI Instructions: Please assess the student's performance based on the learning objectives you and s/he agreed upon. Were they appropriate? Did they show progress throughout the two weeks? Feel free to give examples.

Objectives:

1. _____

CI comments: _____

2. _____

CI comments: _____

3. _____

CI comments: _____

4. _____

CI comments: _____

5. _____

CI comments: _____

6. _____

CI comments: _____

SUMMARY

A: Areas of strength for the student:

B. Areas needing improvement:

This evaluation has been discussed with the students ___ Yes _____ No

Clinical Instructor

Student

Date

Please Note:

The focus of this 2-week clinical experience is to provide students the opportunity to **ACTIVELY PARTICIPATE** in activities in a clinical setting and **APPLY** their new cognitive knowledge and psychomotor skills. It is also an opportunity to interact with clients, families, the community and other professionals in a clinical setting.

Thank you for your time and effort, and your willingness to share your expertise with our students!!