

On-Site/Telephone Communication With Clinical Facility  
Directed Practice 3

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

Clinical Facility: \_\_\_\_\_

Date of Communication: \_\_\_\_\_

Student Inservice Topic: \_\_\_\_\_

**Questions for CI: \*\* Students must be averaging a score of at least 4/5 in EACH category to pass the clinical\*\***

- Are Professional behaviors consistent with a new grad?

Yes

No

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Independence with modalities?

Rating?

0

1

2

3

4

5

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Independence with therapeutic exercise progression?

Rating?

0

1

2

3

4

5

- **Comments:**

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- **Use of functional based activities in treatment?**

- **Rating?**

- 0**
- 1**
- 2**
- 3**
- 4**
- 5**

- **Comments:**

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- **Confidence level of the student:**

- Overly Confident**
- Very confident**
- Confident**
- Needs Improvement**
- Not Confident**

- **Comments:**

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- **Written and oral communication consistent with new grad?**

- **Rating?**

- 0**
- 1**
- 2**
- 3**
- 4**
- 5**

- **Comments:**

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- **Patient education/ability to correct patient as needed:**

- **Rating?**

- 0
- 1
- 2
- 3
- 4
- 5

- **Comments:**

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- **Critical thinking skills/creativity in tx consistent with new grad?**

- **Rating?**

- 0
- 1
- 2
- 3
- 4
- 5

- **Comments:**

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- **Time management with daily responsibilities:**

- **Rating?**

- 0
- 1
- 2
- 3
- 4
- 5

- **Comments:**

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- Describe the PT/PTA relationship at this site. Does it provide the student with appropriate role-modeling behaviors?

Yes

No

Explain.

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- Goals to obtain before the end of this clinical:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- Action plan (if needed) to address any deficiencies:

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- Would you hire this student if there was a position available?

Yes

No

- Why or why not?

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- Are you a credentialed Clinical Instructor?

YES

NO

- Do you have an advanced certification?

YES

NO

- If "YES", what is your certification? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Do you feel that our curriculum has adequately prepared the student for this clinical rotation?

YES

NO

- If "NO", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Questions for the student:

- Clinical focus/Types of patients treated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Typical number of patients treated per day: \_\_\_\_\_

- Areas of perceived strengths:

- \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_

- Areas of perceived weaknesses:

- \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_

- Action plan for weaknesses:

- \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_

○ \_\_\_\_\_  
\_\_\_\_\_

- Please rate yourself on a 0-5 scale (5=independent)
  - Time management skills consistent with new grad level? \_\_\_\_/5
  - SOAP note/documentation consistent with new grad level? \_\_\_\_/5
  - Accurate billing practices consistent with new grad level? \_\_\_\_/5
  - Treatment sessions creative/functional based and within the PT's POC? \_\_\_\_/5
  - Communication with clinicians, patients and family members consistent with new grad level? \_\_\_\_/5

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- Is supervision from CI adequate?
  - YES
  - NO
  - If "NO", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Was your feedback from your CI sufficient?
  - YES
  - NO

- How is feedback from CI obtained?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- If your primary CI was a PTA, did you ever get to interact with the supervising PT?
  - Yes
  - No

- Would you recommend this site to future students?
  - Yes
  - No

- How would you rate this clinical learning experience?
  - Definitely Helpful
  - Somewhat Helpful
  - Neutral
  - Not Helpful

- **Do you have any areas of special interest?**

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- **Action plan for passing the national board exam:**

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