



Clinical Evaluation Form

Student Name: _____ Date ___/___/___

Clinical Instructor: _____ Hospital: _____

A. Assessment (20% of final grade) : _____

Student Examples and Rating:

Faculty Comments and Rating:

B. Planning (10% of final grade) : _____

Student Examples and Rating:

Faculty Comments and Rating:

C. Implementation (35% of final grade) : _____

Student Examples and Rating:

Faculty Comments and Rating:

D. Evaluation (10% of final grade) : _____

Student Examples and Rating:

Faculty Comments and Rating:

E. Professional Role (worth 25% of final grade) : _____

Student Examples and Rating:

Faculty Comments and Rating:



F. Specific Strengths in Clinical Performance

- 1.
- 2.
- 3.

Instructor Comments:

G. Areas for Continued Development in Clinical Performance

- 1.
- 2.
- 3.

Instructor Comments:

H. Specific Strategies for Improving Clinical Performance

- 1.
- 2.
- 3.

Instructor Comments:

Signature of CI: _____

Date: