

Student Feedback Form

Date:

Student:

Clinical Instructor:

* The purpose of this form is to facilitate:

1) self reflection regarding performance in the clinic this past week

2) discussion with the clinical instructor regarding the student’s performance this past week

3) discussion with the clinical instructor of how he/she may assist the student’s future clinical advancement

Please consider all aspects of your performance that may be facilitated by the clinical instructor.

I feel comfortable with:

Skills with which I need assistance or supervision are:

Top three goals for next week are:

Things my CI is doing well:

Things my CI can do better:

Give me more supervision (interaction with me and patient during treatment session)

Give me less supervision to allow me to experience things on my own

Give me more positive feedback

Give me more constructive feedback

Give me more feedback during treatment session

Give me feedback after the treatment session

Give more verbal feedback Give more written feedback

Spend more time explaining things to me

Help me plan additional learning experiences such as:

Other/Additional comments:

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

Student’s Signature Clinical Instructor’s Signature

Form adapted with permission from The Institute for Rehabilitation & Research (TIRR) Memorial Herman

Clinical Instructor Feedback Form

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CI:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* The purpose of this form is for the CI to provide written feedback regarding the student’s performance over the past week.
* To be filled out weekly and reviewed with the student at your weekly meeting.
* Take into consideration students’ performance in all areas: exam/evaluation, goal setting, treatment planning/execution/progression, documentation, equipment recommendation/generating prescriptions, professionalism, communication, etc.

New skills I feel my student is doing well are:

Skills I feel my student needs assistance/supervision or improvement with:

Goals and assignments for next week are:

Comments:

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

Student’s Signature Clinical Instructor’s Signature

Form adapted with permission from The Institute for Rehabilitation & Research (TIRR) Memorial Herman