Students will select a skill from the following list and request opportunity to perform skill with a patient during the week. The CI will provide individual feedback to student related to the skill. This is NOT a formal assessment but an opportunity for students and CIs to engage in feedback session. If the student and CI decide a skill that is not included on the list would be more appropriate, please indicate what skill was completed in the “Other” box below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Transfers (any)** | **Bed mobility** | **Gait training** | **Assistive device prescription/fitting** |
| **Vital sign assessment (BP, HR, RR, O2)** | **Subjective history/ interview** | **Surface Palpation** | **Soft tissue mobilization** |
| **Gait speed assessment** | **Sensory testing** | **Posture screening** | **Manual muscle testing** |
| **Goniometry** | **Lower quarter screen** | **Upper quarter screen** | **Cranial nerve testing** |
| **Observational movement analysis** | **Other** | | |

Selected skill: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CI Feedback:**

(Comments could relate to efficiency, communication, safety, knowledge, areas of strength, areas for further development, etc.)

**Student Self-Assessment**

(Comment on what went well, what could be improved, patient response, confidence, etc.)