

**Clinical Faculty Evaluation Form**

CI/CCCE Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of your facility: \_\_\_\_\_

Type of Practice:  Acute       Rehab       Outpatient       Pediatric       Other

Years in Clinical Practice: \_\_\_\_\_ Years in Current Practice Setting: \_\_\_\_\_

Years as a Clinical Instructor (CI) \_\_\_\_\_ # of Students Last 2 yrs \_\_\_\_\_

Education: School: \_\_\_\_\_

Entry level PT Degree: \_\_\_\_\_ Date Earned: \_\_\_\_\_

Advanced Degree(s)/Date(s): \_\_\_\_\_

Are you an APTA Credentialed CI:  Yes       No       Level 1       Level 2

Do you have an American Board of Physical Therapy Specialty Certification?

Yes       No      List area \_\_\_\_\_

Have you earned other advanced certifications?  Yes       No

If yes, please list: \_\_\_\_\_

Are you a current APTA member?  Yes       No

Specify any sections \_\_\_\_\_

Offices held: \_\_\_\_\_

Other professional organization member?  Yes       No      If yes, specify: \_\_\_\_\_

**Clinical Instruction**

1. What types of things do you do to prepare for a new student coming? (check all that apply)

- Review Profile form and Introduction Letter
- Review student learning objectives
- Review CI credentialing handbook
- Review site learning objectives for student
- Other \_\_\_\_\_

2. The length of each clinical experience is appropriate for expected educational outcomes.

5 (WELL)       4       3       2       1 (NOT)

3. Given the students placement in the program (semester and year) have the students been adequately prepared to successfully complete an internship at your facility? Please rate on a scale of 1-5 with 5 being WELL prepared and 1 being NOT prepared.

5 (WELL)       4       3       2       1 (NOT)

4. Are you satisfied with the placement and midterm visit procedures used by the program?

Yes       No

Suggestions: \_\_\_\_\_

5. Are you satisfied with your communications with the DCE/University?

Yes       No

