

**JACKSON STATE COMMUNITY COLLEGE**

**Student Assessment of Clinical Instruction**

**PTAT 2494: Home Health Rotation**

**Adapted from the APTA's Physical Therapist Assistant Student Evaluation Form**

**Student:** \_\_\_\_\_

**Home Health Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **ext.** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Clinical Instructor(s):** \_\_\_\_\_

**Center Coordinator of Clinical Education:** \_\_\_\_\_

**Dates of Experience:** \_\_\_\_\_

**Days Absent** \_\_\_\_\_ **Reason:**

**Days Late** \_\_\_\_\_ **Reason:**

**Were Days Made Up? Yes** \_\_\_\_\_, **No** \_\_\_\_\_ **How many?** \_\_\_\_\_

### Assessment of Clinical Instruction:

Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience.

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

#### Provision of Clinical Instruction

The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.

1 2 3 4 5  
The clinical education site had written objectives for this learning experience.

1 2 3 4 5  
The clinical education site's objectives for this learning experience were clearly communicated.

1 2 3 4 5  
There was an opportunity for student input into the objectives for this learning experience.

1 2 3 4 5  
The CI provided constructive feedback on student performance.

1 2 3 4 5  
The CI provided timely feedback on student performance.

1 2 3 4 5  
The CI demonstrated skill in active listening.

1 2 3 4 5  
The CI provided clear and concise communication.

1 2 3 4 5  
The CI communicated in an open and non-threatening manner.

1 2 3 4 5  
The CI taught in an interactive manner that encouraged problem solving.

1 2 3 4 5  
There was a clear understanding to whom you were directly responsible and accountable.

1 2 3 4 5  
The supervising CI was accessible when needed.

1 2 3 4 5  
The CI clearly explained your student responsibilities.

1 2 3 4 5  
The CI provided responsibilities that were within your scope of knowledge and skills.

1 2 3 4 5  
The CI facilitated patient-therapist and therapist-student relationships.

1 2 3 4 5  
Time was available with the CI to discuss patient/client interventions.

1 2 3 4 5  
The CI served as a positive role model in physical therapy practice.

1 2 3 4 5  
The CI skillfully used the clinical environment for planned and unplanned learning experiences.

1 2 3 4 5  
The CI integrated knowledge of various learning styles into student clinical teaching.

1 2 3 4 5  
The CI made the formal evaluation process constructive.

1 2 3 4 5  
The CI encouraged the student to self-assess.

1 2 3 4 5

#### Comments:

**Thank you for sharing and discussing candid feedback with your CI(s).**

**Signatures:**

I have reviewed information contained in this physical therapist assistant student evaluation of the clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements for clinical instructor qualifications. I understand that my personal information will not be available to students in the academic program files.

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Student Name (Provide signature)    Date

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Primary Clinical Instructor Name (Print name)    Date

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Primary Clinical Instructor Name (Provide signature)

Entry-level PT/PTA degree earned  
Highest degree earned \_\_\_ Degree area  
Years of experience as a CI  
Years of experience as a clinician  
Areas of expertise  
Clinical Certification, specify area  
APTA Credentialed CI    \_\_\_ Yes    \_\_\_ No  
Other CI Credential    \_\_\_ State \_\_\_ Yes \_\_\_ No  
Professional organization memberships    \_\_\_ APTA    \_\_\_ Other

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Additional Clinical Instructor Name (Print name)    Date

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Additional Clinical Instructor Name (Provide signature)

Entry-level PT/PTA degree earned  
Highest degree earned \_\_\_ Degree area  
Years of experience as a CI  
Years of experience as a clinician  
Areas of expertise  
Clinical Certification, specify area  
APTA Credentialed CI    \_\_\_ Yes    \_\_\_ No  
Other CI Credential    \_\_\_ State \_\_\_ Yes \_\_\_ No  
Professional organization memberships    \_\_\_ APTA    \_\_\_ Other