

6. Were you able to effectively interact with the supervising PT on a regular basis during the clinical education experience?

YES **NO**

Comments:

7. Were your learning opportunities during the clinical education experience consistent with the clinical course objectives as noted in the **PTA Clinical Education Manual** and the course syllabus?

YES **NO**

Comments:

8. Were you able to sufficiently experience interprofessional collaborations and/or interactions with other health professionals during the clinical education experience?

YES **NO**

Comments:

9. Were you able to sufficiently experience general physical therapy practice management opportunities during the clinical education experience?

YES **NO**

Comments:

10. Was feedback effectively and sufficiently exchanged between you and the CI during the clinical education experience?

YES **NO**

Comments:

11. Overall, did you feel academically prepared for this clinical education experience?

YES **NO**

Comments:

12. Did you use the **PTA Clinical Education Manual** as a reference during your clinical education experience?

YES **NO**

If not, why?

Finally, please tell us how we could have more adequately assisted you during this clinical education experience.

Thank you for your assistance with this survey. We value your feedback!