**Clinical Instructor Weekly Assessment of Student Progress**

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

**Performance Criteria:**

 *Please rate each item and provide comment related to the rating,*

 *with 0 equating to weak performance and 5 equating to strong performance.*

**Safety:**  0 1 2 3 4 5

*Assures safety of patient, self, and others, including use of proper techniques and safety equipment, awareness of surroundings and patient responses, and acquisition of assistance when needed.*

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**Communication:** 0 1 2 3 4 5

*Communicates verbally and nonverbally in timely, effective, and respectful manner to CI, peers, patients, caregivers, and other healthcare personnel. Demonstrates active listening / observation and thoughtfulness in responses to both verbal and nonverbal communication of others.*

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**Problem-Solving:** 0 1 2 3 4 5

*Presents sound rationale and clinical decisions related to patient care, within the plan of care, related to the PT’s goals. Appropriately determines when to consult with CI, PT, or other health care professionals related to patient care.*

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**Professional Behaviors:** 0 1 2 3 4 5

*Demonstrates professionalism throughout clinical interactions, including punctuality, responsibility, initiative, appropriate attire, caring and compassion, teamwork, conflict management, stress management, seeking and accepting feedback, valuing others’ dignity, maintaining productive relationships, ethical and legal practice standards, etc…*

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**Documentation:** 0 1 2 3 4 5

*Documents in an accurate, complete, grammatically correct, and timely manner, consistent with requirements of the facility, 3rd-party payers, and regulatory agencies.*

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**Patient Interventions:** 0 1 2 3 4 5

*Plans and carries out appropriate treatments, based on review of PT goals and plan of care, including progressions and modifications, as required. Accurately completes appropriate data collection techniques on a regular basis to assist in ongoing patient assessment.*

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| **Proportion of Caseload** |
| **% of Full-Time Caseload Being Seen by Student:** | 0% 25% 50% 75% 100% |
| **% of Caseload Consisting of *Simple Cases*:** | 0% 25% 50% 75% 100% |
| **% of Caseload Consisting of *Complex Cases*:** | 0% 25% 50% 75% 100% |

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| --- |
| **Independence of Performance** |
|  | ***% of Assistance Required*** | ***% of Supervision Required*** |
| **Simple Cases:** | 0% 25% 50% 75% 100% | 0% 25% 50% 75% 100% |
| **Complex Cases:** | 0% 25% 50% 75% 100% | 0% 25% 50% 75% 100% |

**Areas of Strength:**

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**Areas to Improve:**

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**Prior Week’s Goal Status:**

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**Next Week’s Goals:**

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**Student’s Comments:**

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 Student’s Signature CI’s Signature