

Student Feedback Form

Date:
Student:
Clinical Instructor:
 The purpose of this form is to facilitate: 1) Self-reflection regarding performance in the clinic this past week 2) discussion with the clinical instructor regarding the student's performance this past week 3) discussion with the clinical instructor of how he/she may assist the student's future clinical advancement
Please consider all aspects of your performance that may be facilitated by the clinical instructor.
I feel comfortable with:
Skills with which I need assistance or supervision are:
Top three goals for next week are:
Things my CI is doing well:
Things my CI can do better:
Give me more supervision (interaction with me and patient during treatment session) Give me less supervision to allow me to experience things on my own Give me more positive feedback Give me more constructive feedback Give me more feedback during treatment session Give me feedback after the treatment session Give more verbal feedback Give more written feedback Spend more time explaining things to me Help me plan additional learning experiences such as: Other/Additional comments:

Clinical Instructor's Signature

Form adapted with permission from The Institute for Rehabilitation & Research (TIRR) Memorial Herman



Comments:

Clinical Instructor Feedback Form		
Date:	Week:	
Student:	CI:	
 performance over the past week. To be filled out weekly and reviewed w Take into consideration students' perfor treatment planning/execution/progression 	rmance in all areas: exam/evaluation, goal setting,	
New skills I feel my student is doing well a	are:	
Skills I feel my student needs assistance/su	pervision or improvement with:	
Goals and assignments for next week are:		

Student's Signature	Clinical Instructor's Signature

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