



University of Rhode Island  
Department of Physical Therapy

## Integrated Clinical Experience Student Evaluation Form

Clinic Site: \_\_\_\_\_ Day/time: \_\_\_\_\_

Student's Clinical Supervisor: \_\_\_\_\_

Clinical Instructor email: \_\_\_\_\_ phone: \_\_\_\_\_

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

Please rate the student in each category and make appropriate comments in the space provided.

NA = not applicable      1 = poor / strongly disagree      2 = below average/ disagree  
3 = average      4 = above average / agree      5 = outstanding / strongly agree

	1	2	3	4	5	NA
<b>Attendance:</b> Student reported on the agreed upon days and was punctual. Fulfilled the 3-hour minimum requirement.						
<b>Professional Appearance</b> Student displayed appropriate, neat attire and was well groomed.						
<b>Initiative to learn</b> Student sought out and took advantage of learning opportunities; inquisitive.						
<b>Involvement</b> Student was involved at the appropriate level.						
<b>Interest level</b> Student has a genuine interest in the program and field						
<b>Ethical conduct</b> Exhibited professional; maintained professional relationship with others during rotation.						
<b>Cooperation</b> Established a good rapport with patients and staff: Worked well with peers; demonstrated willingness to help.						

**Comments: (comments are required for scores of 0, 1, 2, or NA)**

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**Did you have an opportunity to share this feedback with the student?**

**Clinical Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This form can be submitted via email (jhulme@uri.edu), fax (401)-874-5630; or may be sent in with the student.  
Thank you! Janice*