

Weekly Clinical Evaluation

Student: _____

Date: _____

Clinical Instructor: _____

Goals: 1. _____

2. _____

Rating:

1	2	3	4	5
Limited knowledge/ability & insufficient skill to perform task, even with assistance	Allowed to perform activity under direct observation with proactive full supervision & assistance as needed	Able to independently execute activity when assigned, trusted to ask for help. Clinical instructor is readily available (indirect supervision)	Trusted to independently execute activity, seeks guidance when needed (key findings or activities reviewed by supervisor)	Trusted to perform independently (unsupervised)

Professionalism:

1

2

3

4

5

Strengths:

Areas for Continued Improvement:

Clinical Instructor Signature:

Date: