

**Clinical Observations
 Summer 2006**

Facility: _____

Supervisor: _____

Student Name: _____

Date: _____

Please rate the student using the following rating scale:
 1 = unsatisfactory; 2 = needs improvement; 3 = average;
 4 = above average; 5 = excellent

	1	2	3	4	5
Arrival time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for and responsiveness toward supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for patient confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization and preparedness <small>(brings necessary paperwork, records observed hours, and requests supervisor signature)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Number of Points:

Please write in comments if you desire:

Supervisor Signature: _____