

Please check this box if you would like the DCE to contact you

Student Intern/Clinical Instructor Weekly Feedback Form (WFF)

Student: _____ CI: _____

Clinical Week # _____ Date of meeting: _____

STUDENT INTERN FEEDBACK on Clinical Instructor Performance and Self Performance

*Please rate and comment upon each item,
with 0 being a novice performer and 5 being an excellent performer.*

Clinical Instructor Performance:

Supervision **0 1 2 3 4 5**
CI responsive to informal meetings, responsive to student needs/questions; CI provides appropriate balance of close/distant supervision; CI readily accessible

Feedback **0 1 2 3 4 5**
CI answers questions regarding patient treatment or refers Intern to appropriate person or resources; CI provides positive reinforcement and critical comments – comments help with professional/personal growth

Student Performance:

Evaluation **0 1 2 3 4 5**
Student uses technically correct mechanics – i.e., MMT, ROM, sensory testing, functional mobility, etc. - in obtaining and documenting the data necessary to make treatment decisions

Treatment **0 1 2 3 4 5**
Student able to plan and complete appropriate treatments; provide creative treatment alternatives; justify treatment strategies – logic and evidence-based practice; competently apply treatment technique

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

Student appropriately initiates and receives feedback from CI, peers (all other healthcare providers, including vendors), and patients/caregivers; appropriately interacts with CI, peers, patients/caregivers

Professional Behavior **0** **1** **2** **3** **4** **5**

Student demonstrates professional behavior in all situations: teamwork, initiative, punctuality, reliability, appropriate attire; integrity; compassion; caring; empathy; productive relationships; contributions to a positive work environment; accepts feedback, conflict management; values dignity of all; seeks and provides feedback

Strengths

Weaknesses

Progress toward goals

Goals for next week

Student Performance Rating	Needs Moderate+ Assist (circle % cases student requires more than minimal guidance)	Needs Minimal Assist (circle % cases student requires only minimal guidance)	Independent (circle % cases student manages independently)
Simple cases (Sum of row = 100%)	0% 25% 50% 75% 100%	0% 25% 50% 75% 100%	0% 25% 50% 75% 100%
Complex cases (Sum of row = 100%)	0% 25% 50% 75% 100%	0% 25% 50% 75% 100%	0% 25% 50% 75% 100%
Overall Caseload Managed Independently			0% 25% 50% 75% 100%

Time (minutes) to complete WFF: _____ **Time (minutes) to discuss WFF:** _____

Time (minutes) to complete Midterm CPI _____ **Time (minutes) to discuss Midterm CPI** _____

Time (minutes) to complete Final CPI _____ **Time (minutes) to discuss Final CPI** _____

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Student Intern/Clinical Instructor Weekly Feedback Form (WFF)

Student #: _____ (*do not place student name on this form*) CI (*initials only*) : _____

Clinical Week # _____

Date of meeting: _____

CLINICAL INSTRUCTOR FEEDBACK on Student Intern Performance

*Please rate and comment upon each item,
with 0 being a novice performer and 5 being an excellent performer.*

Student Performance

Evaluation 0 1 2 3 4 5

Student uses technically correct mechanics – i.e., MMT, ROM, sensory testing, functional mobility, etc. - in obtaining and documenting the data necessary to make treatment decisions

Treatment 0 1 2 3 4 5

Student able to plan and complete appropriate treatments; provide creative treatment alternatives; justify treatment strategies – logic and evidence-based practice; competently apply treatment technique

Communication 0 1 2 3 4 5

Student appropriately initiates and receives feedback from CI, peers (all other healthcare providers, including vendors), and patients/caregivers; appropriately interacts with CI, peers, patients/caregivers

Professional Behavior 0 1 2 3 4 5

Student demonstrates professional behavior in all situations: teamwork, initiative, punctuality, reliability, appropriate attire; integrity; compassion; caring; empathy; productive relationships; contributions to a positive work environment; accepts feedback, conflict management; values dignity of all; seeks and provides feedback

Strengths

Weaknesses

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Simple cases (Sum of row = 100%)	0% 25% 50% 75% 100%	0% 25% 50% 75% 100%	0% 25% 50% 75% 100%
Complex cases (Sum of row =100%)	0% 25% 50% 75% 100%	0% 25% 50% 75% 100%	0% 25% 50% 75% 100%
Overall Caseload Managed Independently			0% 25% 50% 75% 100%

Time (minutes) to complete WFF: _____ Time (minutes) to discuss WFF: _____

Time (minutes) to complete Midterm CPI _____ Time (minutes) to discuss Midterm CPI _____

Time (minutes) to complete Final CPI _____ Time (minutes) to discuss Final CPI _____

To assist with ongoing dialogue between the University of Dayton, its students, and its clinical partner sites, students will input numerical WFF data electronically for DCE review; for additional WFF content review, students may submit WFF to DCE:

- **Via fax to 937-229-5601; or**
- **Via scan and e-mail to sean.gallivan@udayton.edu; or**
- **Via scan and submit to Isidore.udayton.edu**