

**CLINICAL EXPERIENCE OBSERVATION FORM**

Practicum/Clinical Class: \_\_\_\_\_ Student \_\_\_\_\_

Clinical Instructor(s) \_\_\_\_\_ Day/Date \_\_\_\_\_

Clinic Site/Sport \_\_\_\_\_ Practicum Supervisor \_\_\_\_\_

**Directions:** The C.E.O. Form is designed to be used in the Practicum and Clinical Experience Courses and can be completed by the C.I.s assigned or the Practicum/Clinical Supervisor. Return form to the Program Director at semesters end.

**Criteria/Rating Scale:**

<b>A = (5 pts) Excellent Skill/Behavior</b>	Performance is exceptional (consistently exceeds expectations for level)
<b>B = (4 pts) Very Good Skill/Behavior</b>	Performance is complete or at a mastery level (can immediately/appropriately adjust behavior/skill for CI if requested)
<b>C = (3 pts) Average Skill/Behavior</b>	Performance is close to complete/mastery level but requires <u>occasional</u> instruction/correction.
<b>D = (2 pts or below)</b>	
<b>Unacceptable Skill/Behavior</b>	Student must <u>repeat/improve</u> the skill or behavior.
<b>NO = Not Observed</b>	In cases where skill is not observed, give the student a task/skill to perform in a Hypothetical setting/situation and evaluate the performance/response.

**Grading %:** The % of Total Points and Grade Equivalents are listed below. Please indicate the student's total points when indicated.

A...90    A-...87    B+...84    B...80    B-...77    C+...74    C...70

- 1. Comprehends/explains the Clinical Sites organizational Chain of Command, Personnel Roles, and the demands of caring for minor's (if applicable).**  
Eval. Scale: 1 2 3 4 5 Comments:
  
- 2. Complies w/ Infectious Disease Standards and Policies (BBP, CDT, MRSA, etc.):**  
Eval. Scale: 1 2 3 4 5 Comments:

3. **Complies with Electrical Safety Standards (GFICs and related Modalities):**  
Eval. Scale: 1 2 3 4 5 Comments:
  
4. **Complies with Clinical Site's Documentation Policies/Procedures/Methods (HOPS, SOAP, LOGS, Medical Files, Referrals, Injury Surveillance Systems, etc.)**  
Eval. Scale: 1 2 3 4 5 Comments:
  
5. **Complies with Clinical Site's Emergency Action Plan (practice venue, game venue, other):** Eval. Scale: 1 2 3 4 5 Comments:
  
6. **Evaluation of Emergency/Critical Injury/ Illness:**  
Eval. Scale: 1 2 3 4 5 Comments:
  
7. **Evaluation of Non-Emergency Injury/Illness:**  
Eval. Scale: 1 2 3 4 5 Comments:
  
8. **Management of Emergency & Non-Emergency Injury/Illness:**  
Eval. Scale: 1 2 3 4 5 Comments:
  
9. **Appropriate Modality(s) Application:**  
Eval. Scale: 1 2 3 4 5 Comments:
  
10. **Appropriate Rehab. Program Application(s):**  
Eval. Scale: 1 2 3 4 5 Comments:

**Total Pts./Grade:** \_\_\_\_\_

**Practicum/Clinical Course Supervisor Comments/Recommendations:**

**ATS Signature (acknowledging discussion of the observation eval.):**

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

