

**Student Evaluation Form**

|  |  |
| --- | --- |
| Student: |  |
| Dates of Practicum: |  |
| Practicum Site: |  |
| City: |  |
| Province/State: |  |
| Name(s) of CE(s): |  |

Please refer to the instructions in the **Clinical Training Manual** before completing the Student Evaluation Form. A video on how to fill out this form is also available for Clinical Educators on *myCourses*.

NB: Throughout the Form ‘Clinical Educator’ is abbreviated to CE.

**COMPETENCY I:** PROFESSIONAL SKILLS AND PROFESSIONAL DEVELOPMENT

Please enter an overall rating for Competency I on the 1-5 scale below; 0.5 scores may be used.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Unacceptable** | **Needs Improvement** | **Average** | **Above Average** | **Excellent** |
| **Midterm** | 1 | 2 | 3 | 4 | 5 |
| **Final** | 1 | 2 | 3 | 4 | 5 |

**Check below all areas that require improvement.**

\*\*Double click on the checkboxes and select ‘checked’ to check off the desired boxes (if typing on form)

[x]  = needs improvement but skill is developing. [Add \* if lack of improvement or of concern]

|  |  |  |
| --- | --- | --- |
|  | **Midterm** | **Final** |
| 1. Adheres to professional standards, ethics, policies
 | [ ]  | [ ]  |
| 1. Has positive attitude & openness to CE & to learning
 | [ ]  | [ ]  |
| 1. Has good rapport & professional manner with CE
 | [ ]  | [ ]  |
| 1. Has good rapport & professional manner w/clients; team
 | [ ]  | [ ]  |
| 1. Respects confidentiality
 | [ ]  | [ ]  |
| 1. Appearance is appropriate: respects dress code, wears name tag
 | [ ]  | [ ]  |
| 1. Is on time
 | [ ]  | [ ]  |
| 1. Is prepared (familiarity w/tests; sessions; etc.)
 | [ ]  | [ ]  |
| 1. Meets deadlines (reports, therapy plans, etc.)
 | [ ]  | [ ]  |
| 1. Shows effective time management
 | [ ]  | [ ]  |
| 1. Takes initiative
 | [ ]  | [ ]  |
| 1. Demonstrates self-directed learning & independence
 | [ ]  | [ ]  |
| 1. Seeks assistance & feedback when necessary
 | [ ]  | [ ]  |
| 1. Incorporates CE’s suggestions
 | [ ]  | [ ]  |
| 1. Is able to self- (peer-) evaluate
 | [ ]  | [ ]  |

|  |
| --- |
| **COMMENTS COMPETENCY I** |
| **Midterm: Clinical Educator** | **Midterm: Student Self-Evaluation** |
| Strengths:  | Strengths: |
| Areas for improvement: | Area for improvement: |
| **Final: Clinical Educator** | **Final: Student Self-Evaluation** |
| Strengths: | Strengths: |
| Areas for improvement: | Areas for improvement: |

**COMPETENCY II:** INTERPERSONAL & COMMUNICATION SKILLS

Please enter an overall rating for Competency II on the 1-5 scale below; 0.5 scores may be used.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Unacceptable** | **Needs Improvement** | **Average** | **Above Average** | **Excellent** |
| **Midterm** | 1 | 2 | 3 | 4 | 5 |
| **Final** | 1 | 2 | 3 | 4 | 5 |

**Check below all areas that require improvement.**

\*\*Double click on the checkboxes and select ‘checked’ to check off the desired boxes (if typing on form)

[x]  = needs improvement but skill is developing. [Add \* if lack of improvement or of concern]

|  |  |  |
| --- | --- | --- |
|  | **Midterm** | **Final** |
| 1. Fosters trust & respect with CE, clients; etc.
 | [ ]  | [ ]  |
| 1. Is perceptive to client/caregiver needs
 | [ ]  | [ ]  |
| 1. Is able to address client/caregiver needs
 | [ ]  | [ ]  |
| 1. Perceives/interprets nonverbal cues/body language
 | [ ]  | [ ]  |
| 1. Adapts to changes/is flexible
 | [ ]  | [ ]  |
| 1. Is a good communicator
 | [ ]  | [ ]  |
| 1. Speaks clearly and at an appropriate rate & pitch
 | [ ]  | [ ]  |
| 1. Modifies language to suit client’s needs
 | [ ]  | [ ]  |
| 1. Adapts technical language to knowledge level of clients/team during oral communication
 | [ ]  | [ ]  |
| 1. Adapts technical language in written communication
 | [ ]  | [ ]  |
| 1. Facilitates communication verbally/nonverbally
 | [ ]  | [ ]  |

|  |
| --- |
| **COMMENTS COMPETENCY II** |
| **Midterm: Clinical Educator** | **Midterm: Student Self-Evaluation** |
| Strengths:  | Strengths: |
| Areas for improvement: | Area for improvement: |
| **Final: Clinical Educator** | **Final: Student Self-Evaluation** |
| Strengths: | Strengths: |
| Areas for improvement: | Areas for improvement: |

**COMPETENCY III:** PRACTICE KNOWLEDGE & CLINICAL REASONING

Please enter an overall rating for Competency II on the 1-5 scale below; 0.5 scores may be used.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Unacceptable** | **Needs Improvement** | **Average** | **Above Average** | **Excellent** |
| **Midterm** | 1 | 2 | 3 | 4 | 5 |
| **Final** | 1 | 2 | 3 | 4 | 5 |

**Check below all areas that require improvement.**

\*\*Double click on the checkboxes and select ‘checked’ to check off the desired boxes (if typing on form)

[x]  = needs improvement but skill is developing. [Add \* if lack of improvement or of concern]

|  |  |  |
| --- | --- | --- |
|  | **Midterm** | **Final** |
| 1. Demonstrates theoretical knowledge
 | [ ]  | [ ]  |
| 1. Applies academic information
 | [ ]  | [ ]  |
| 1. Researches problems (readings, previous experience)
 | [ ]  | [ ]  |
| 1. Demonstrates analytical thinking
 | [ ]  | [ ]  |
| 1. Demonstrates judgment and decision making
 | [ ]  | [ ]  |
| 1. Able to solve problems
 | [ ]  | [ ]  |
| 1. Demonstrates reasoning based on evidence
 | [ ]  | [ ]  |

|  |
| --- |
| **COMMENTS COMPETENCY III** |
| **Midterm: Clinical Educator** | **Midterm: Student Self-Evaluation** |
| Strengths:  | Strengths: |
| Areas for improvement: | Area for improvement: |
| **Final: Clinical Educator** | **Final: Student Self-Evaluation** |
| Strengths: | Strengths: |
| Areas for improvement: | Areas for improvement: |

**COMPETENCY IV:** CLINICAL SKILLS

Please list the learning objectives from the Practicum Contract on the lines below. You may have fewer than 7 objectives (or more than 7 – if so, add additional rows). Any written comments should be made next page in the textbox.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **N/A** | **Unacceptable** | **Below Average** | **Average** | **Above Average** | **Excellent** |
| 1 |  |  | **Midterm** |  | 1 | 2 | 3 | 4 | 5 |
|  |  |  | **Final** |  | 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |  |  |  |  |  |
| 2 |  |  | **Midterm** |  | 1 | 2 | 3 | 4 | 5 |
|  |  |  | **Final** |  | 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |  |  |  |  |  |
| 3 |  |  | **Midterm** |  | 1 | 2 | 3 | 4 | 5 |
|  |  |  | **Final** |  | 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |  |  |  |  |  |
| 4 |  |  | **Midterm** |  | 1 | 2 | 3 | 4 | 5 |
|  |  |  | **Final** |  | 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |  |  |  |  |  |
| 5 |  |  | **Midterm** |  | 1 | 2 | 3 | 4 | 5 |
|  |  |  | **Final** |  | 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |  |  |  |  |  |
| 6 |  |  | **Midterm** |  | 1 | 2 | 3 | 4 | 5 |
|  |  |  | **Final** |  | 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |  |  |  |  |  |
| 7 |  |  | **Midterm** |  | 1 | 2 | 3 | 4 | 5 |
|  |  |  | **Final** |  | 1 | 2 | 3 | 4 | 5 |

Please enter an overall rating for Competency IV on the 1-5 scale below; 0.5 scores may be used.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Unacceptable** | **Below Average** | **Average** | **Above Average** | **Excellent** |
| **Midterm** | 1 | 2 | 3 | 4 | 5 |
| **Final** | 1 | 2 | 3 | 4 | 5 |

**To be completed by the Clinical Educator**

Please describe the student’s performance on any of the following topics:

* Competency IV: written comments to accompany the scaled scores you gave the student; level of independence demonstrated (Re. column 2 in Practicum Contract); evidence that the criteria for specific learning objectives were met (Re. column 3 in Practicum Contract).
* Are general/specific expectations met?
* Where do you estimate the student to be on the Novice to Expert continuum (<https://www.mcgill.ca/scsd/clinical/clinical-educators>)?

|  |
| --- |
| **COMMENTS COMPETENCY IV & OTHER** |
| **Midterm** |
| Strengths: |
| Areas for Improvement: |
| **Final** |
| Strengths: |
| Areas for Improvement: |

**Student Self-Evaluation**

|  |
| --- |
| **COMMENTS COMPETENCY IV & OTHER** |
| **Midterm** |
| Strengths: |
| Area for Improvement: |
| **Final** |
| Strengths: |
| Areas for Improvement: |

**Feedback from Student to CE**

|  |
| --- |
| **Midterm** |
| How has my placement met my expectations and learning needs?  |
| What would I like more/less of (knowing that my CE cannot change the mandate of their establishment, nor their caseload)? |
| **Final** |
| How has my placement met my expectations and learning needs? |
| Recommendations to CE for future placements (keep in mind that your CE cannot change the mandate of their establishment nor their caseload) |

**In the event that the student is supervised by more than one CE on site, please ensure that all CE’s have provided input. They must also co-sign the form.**

|  |
| --- |
| **MIDTERM EVALUATION** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Clinical Educator** | **2nd CE (if applicable)** | **Student** | **Date** |
| **FINAL EVALUATION**Please check one of the following (only at the final evaluation): |
| [ ]  I recommend that the student receive a Pass for this practicum. |
| [ ]  I recommend that the student receive a Pass with Reservations for this practicum. Comments: |
| [ ]  I cannot recommend that the student receive a Pass for this practicum.\* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Clinical Educator** | **2nd CE (if applicable)** | **Student** | **Date** |
| *Signatures used on this form must be* ***unique, original signature****s.[[1]](#footnote-1)* |

|  |
| --- |
| **RISK OF FAILURE****\* Please notify the Coordinator of Clinical Education or the Clinical Education Associate at the SCSD prior to assigning a FAIL.****In addition, before a FAIL is assigned, the procedures outlined in the *Protocol for Marginal Performance in Clinical Practicum* of the Clinical Training Manual need to be followed.**  |

1. A unique, original signature is either a pen signature or a unique digital signature. Do not simply type your names on this form when submitting electronically. [↑](#footnote-ref-1)