Student’s Assessment of the Ohio University Student Clinical/Learning Coordinator*

Program Affiliation [ ] [ ] [ ] [ ]
Program Level Undergraduate Graduate
Site type Acute Medical Rehabilitation School Private Practice SNF Outpatient Other: ____________________

Please rate the Ohio University Student Clinical Coordinator’s performance on each item using the following scale:
5 Excellent 4 Very Good 3 Good 2 Fair 1 Poor N/A Not Applicable

In order for us to make best use of your feedback, please provide comments you feel would help us understand both what we do well and what we could change to better meet your needs related to your clinical field experience.

EDUCATION
Clearly communicates objectives and criteria for the clinical/learning experience, such as through syllabus or program information Comment _____________________________________________________________________

Clearly communicates timeframe for my performance evaluation in this environment Comment _____________________________________________________________________

Demonstrates knowledge regarding the instrument used to assess my performance Comment _____________________________________________________________________

Actively intervenes when clinical/learning concerns arise Comment _____________________________________________________________________

Develops interventions that effectively resolve clinical/learning concerns Comment _____________________________________________________________________

Demonstrates professionalism during interactions Comment _____________________________________________________________________

Demonstrates concern for me and my learning Comment _____________________________________________________________________

Assignments associated with this experience enhanced my learning in this environment Comment _____________________________________________________________________

Communicates current topics in clinical/professional education to me in a timely manner Comment _____________________________________________________________________

ADMINISTRATION
Clearly explains the clinical/learning placement process Comment _____________________________________________________________________

Effectively considers my educational needs when approving/assigning this placement for me Comment _____________________________________________________________________

Confirms affiliation slot(s) in a timely manner Comment _____________________________________________________________________

Is accessible to address affiliation or placement concerns Comment _____________________________________________________________________

Actively intervenes for affiliation or placement issues Comment _____________________________________________________________________

GENERAL COMMENTS___________________________________________________________________

OPTIONAL: If you would like us to contact you to discuss our clinical/learning relationship, please provide the following: name, phone, email

*The term “Student Clinical Coordinator”, for the purpose of this feedback document, refers to professionals at Ohio University in multiple disciplines including those with titles such as, but not limited to, “Clinical Education Coordinator”, Coordinator”, “Clinical Coordinator”, “Program Director”, “Faculty”, “Director/Asst. Director of Clinical Education”, “Clinical Supervisor”, “Faculty Liaison”, “Field Liaison”.