

# Skyline College



## Daily Student Clinical Evaluation

Student Name \_\_\_\_\_  
Date \_\_\_\_\_  
Hospital \_\_\_\_\_  
Area Assigned \_\_\_\_\_  
Name of Assigned Staff \_\_\_\_\_

### Part 1: To be completed by the student:

What objectives do I want to accomplish today? \_\_\_\_\_

\_\_\_\_\_

Activities - Procedures performed today \_\_\_\_\_

\_\_\_\_\_

### Part 2: To be completed by the staff member that assisted the student:

**Note:** The evaluation process helps the instructor and the student identify those areas of strength and weaknesses for each individual. Please add comments as appropriate to expand on each criteria listed.

Did the student arrive on time?                      yes \_\_\_\_\_    no \_\_\_\_\_

Was the students appearance appropriate?                      yes \_\_\_\_\_    no \_\_\_\_\_

**Rating Scale:   5 - Excellent    4 - Above Average    3 - Average    2 - Needs Improvement    1 - Unacceptable**

The student was prepared with specific objectives for the day                      .                      **5   4   3   2   1**

The student understands theory and concepts relating to tasks performed.  
(i.e. ventilation theory, blood gas interpretation, disease management)                      **5   4   3   2   1**

The student is able to carry out tasks/procedures with minimal intervention.                      **5   4   3   2   1**

The student listens and responds appropriately to criticism.                      **5   4   3   2   1**

The student communicates with staff and patients effectively.                      **5   4   3   2   1**

Staff Signature

Student Signature

\_\_\_\_\_

\_\_\_\_\_