**McGill University School of Physical & Occupational Therapy - Student Evaluation of the Clinical Placement**
**National Association for Clinical Education in Physiotherapy / Association Nationale d'Éducation Clinique en Physiothérapie**

| | | | | | |
|---|---|---|---|---|---|
| Student: | | | | Clinical Instructor: | |
| Clinical placement | PHTH 571 | PHTH 572 | PHTH 573 | PHTH 620 | Clinical Instructor: |
| Clinical Facility: | | | | | CCCE: |
| Area of Practice: | | | | | |

**The purpose of this form is to**: 1) Foster communication between the clinical instructor (CI) and student; 2) Provide constructive feedback to the clinical instructor; 3) Provide feedback to the facility on the student's experience; 4) P

**McGill University School of Physical & Occupational Therapy - Student Evaluation of the Clinical Placement**
**National Association for Clinical Education in Physiotherapy / Association Nationale d'Éducation Clinique en Physiothérapie**

**Overall**, the placement provided the learning experience required to develop competency in this area of practice, appropriate to my clinical level.

ˆ Strongly Agree ˆ Agree ˆ Neutral ˆ Disagree ˆ Strongly Disagree

| **What were the most positive aspects of this placement?** | **Do you have any suggestions to improve the learning experience?** |
|---|---|
| | |

| **Additional comments:** |
|---|
| |

| **Signatures** | |
|---|---|
| Student Signature: | |
| Clinical Instructor Signature: | |
| Clinical Instructor Signature: | |
| CCCE Signature: | |
| Date: | |