

Clinical Experience Observation Form

Practicum/Clinical Course: _____ Student: _____

Preceptor: _____ Date: _____

Clinical 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 Preceptor(s) assigned or the Practicum Supervisor.

Return form to the Program Director at the end of the semester.

Criteria/Rating Scale:

A= (5 pts) Excellent Skill/Behavior	Performance is exceptional (consistently exceeds expectations for level)
B= (4 pts) Very Good Skill/Behavior	Performance is complete or at a mastery level (can immediately/appropriately adjust behavior/skill for Preceptor if requested)
C= (3 pts) Average Skill/Behavior	Performance is close to complete/mastery level but requires <u>occasional</u> instruction/correction.
D= (2 pts or below) Unacceptable Skill/Behavior	Student must <u>repeat/improve</u> the skill or behavior.
NO= Not Observed	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, CDP, Infectious disease, risk management fort minor patients, 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:
9. Appropriate Rehab. Program Application(s):
Eval. Scale: 1 2 3 4 5 Comments:

Total Pts./Grade:_____

Collision Sport Experience Course Supervisor Comments/Recommendations:

ATS Signature (acknowledging discussion of the Observation eval.):

Name (print):_____ Signature:_____

Date:_____

Preceptor/Practicum Supervisor Signature:_____

Date:_____