



# Physical Therapist Assistant Program Clinical Education: In-Service Rating Form

Date of In-service: \_\_\_\_\_ Facility: \_\_\_\_\_

Student: \_\_\_\_\_ CI: \_\_\_\_\_

Topic: \_\_\_\_\_

Please rate the following criteria on the following scale: 5 = Excellent, 4 = Good, 3 = Satisfactory, 2 = Needs Improvement, 1 = Unsatisfactory, N/A = Not Applicable

Score	Criteria
	Presented an in-service that was relevant and interesting
	Had a good knowledge base and understanding of the subject matter
	Able to effectively communicate the subject matter
	Answered questions appropriately
	Incorporated the use of graphics and/or handouts that supported the in-service effectively
	Used current and valid sources to support the in-service
	How would you overall rate the in-service
<b>Comments:</b>	

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinical Instructor Signature

\_\_\_\_\_  
Date