

AAS Level * Student Evaluation
Basic Modalities / Mechanical Ventilation / Specialty Rotation
Please CIRCLE the clinical rotation you are attending (Above).

Student Name: _____ Date: _____
Clinical Site: _____ Hours In Clinical: _____
Clinical Instructor - **Print and Sign:** _____

Please rate the student in the areas noted below. Use the following scoring:

2 = Very Good 1 = Acceptable 0 = Unacceptable NA = Not Applicable

ATTITUDE - The Student:

1. Is prepared for clinical and arrives on time as described in Student handbook. _____
2. Solicits questions from and coaches patient during therapy. _____
3. Exhibits pleasant demeanor, demonstrates genuine interest and willingness to learn. _____

TASK COMPETENCY - The Student:

1. Takes notes during report and reviews patient's chart. _____
2. Assesses / monitors and stays with patient during TX and modifies if appropriately. _____
3. Charts in a technically competent manner. _____
4. Gloves and washes hands between patients and uses Aseptic technique _____

JOB KNOWLEDGE (PROBLEM SOLVING) - The Student:

1. Can express indication, goals and rationale for therapy modification. _____

TOTAL OUT OF _____ POSSIBLE _____ / _____ = _____ % = SCORE FOR THIS DAY

COMMENTS - STRONG POINTS & AREAS TO WORK ON:

Considering this student's level of education and clinical experience, would you recommend this student for employment? **YES NO** *****If your answer is NO, please comment as to why. Thank you!**
