

Clinical Placement Supervisor Evaluation Form

Subject Code: _____

Session of Enrolment: _____

Student Name: _____

Student Number: _____

This form, to be completed by the student's placement supervisor, is meant to provide constructive feedback to the student and Charles Sturt University about the student's relative strengths and weaknesses as demonstrated during the placement period. The supervisor should evaluate the student as objectively as possible. If the quality in question is irrelevant to the work the student has been performing, please indicate as Not Applicable.

	1 Excellent	2 Very Good	3 Good	4 Unsatisfactory	Not Applicable
PROFESSIONAL BEHAVIOUR AND DEMEANOUR					
Overall attitude					
Promptness and dependability					
Professional appearance					
Observance of rules, policies and procedures					
COMMUNICATION AND TEAM WORK					
Overall communication skills					
Relations to others (staff and/or patients)					
Ability to work effectively in teams					
CLINICAL AND/OR LABORATORY SKILLS					
Skills and accuracy in work					
Knowledge of theoretical underpinnings of methods					
Ability to ask relevant questions					
Student's ability to take on and follow through with responsibilities					
CRITICAL THINKING AND ANALYSIS					
Ability to solve problems					
Capacity to apply disciplinary knowledge to solving real life problems					
SELF-IMPROVEMENT AND DEVELOPMENT					
Ability to learn and perform new tasks					
Responsiveness to criticism					
Student is self-directed in undertaking tasks					

Overall Performance (please tick):

Satisfactory

Unsatisfactory

Hours of clinical placement completed:

Supervisor's Comments:

Student Strengths:

Areas to be improved:

Supervisor Name:

Supervisor Signature:

*Please give the completed form directly to the student OR email it to the subject coordinator, Noelia Roman
nroman@csu.edu.au*