



CLINICAL/LAB INSTRUCTOR EVALUATION

| Instructor | | Semester/Year |
|---|---|---------------|
| Course | Facility/Unit | |
| Instructor was informed in advance of the timing of this observation: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Evaluator: please select one evaluation rating system: <input type="checkbox"/> M = Met; U = Unmet; N/O = Not Observed or <input type="checkbox"/> 4 = Strongly Agree; 3 = Agree; 2 = Disagree; 1 = Strongly Disagree; N/A = Does not Apply | | |
| Criteria | Evaluation | |
| <i>Explains expectations and evaluation process clearly.</i> | <input type="checkbox"/> M or 4 <input type="checkbox"/> U or 3 <input type="checkbox"/> N/O or 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A | |
| Comments: | | |
| <i>Verbalizes and/or demonstrates best practice, methods, procedures and rationales for each individual skill.</i> | <input type="checkbox"/> M or 4 <input type="checkbox"/> U or 3 <input type="checkbox"/> N/O or 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A | |
| Comments: | | |
| <i>Ensures that clinical experiences are appropriate for course level of student.</i> | <input type="checkbox"/> M or 4 <input type="checkbox"/> U or 3 <input type="checkbox"/> N/O or 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A | |
| Comments: | | |
| <i>Follows TMCC clinical course objectives, expectations, and program policies and procedures.</i> | <input type="checkbox"/> M or 4 <input type="checkbox"/> U or 3 <input type="checkbox"/> N/O or 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A | |
| Comments: | | |
| <i>Enforces student dress code.</i> | <input type="checkbox"/> M or 4 <input type="checkbox"/> U or 3 <input type="checkbox"/> N/O or 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A | |
| Comments: | | |
| <i>Faculty modeled professional behavior that demonstrated and facilitated learning.</i> | <input type="checkbox"/> M or 4 <input type="checkbox"/> U or 3 <input type="checkbox"/> N/O or 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A | |
| Comments: | | |
| <i>Accessible and available to students and encourages instructor/student interaction.</i> | <input type="checkbox"/> M or 4 <input type="checkbox"/> U or 3 <input type="checkbox"/> N/O or 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A | |
| Comments: | | |

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| <i>Technique demonstration was provided if needed or requested.</i> | <input type="checkbox"/> M or 4 <input type="checkbox"/> U or 3 <input type="checkbox"/> N/O or 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A |
| Comments: | |
| <i>Promotes an atmosphere conducive for learning.</i> | <input type="checkbox"/> M or 4 <input type="checkbox"/> U or 3 <input type="checkbox"/> N/O or 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A |
| Comments: | |
| <i>Critical thinking and problem solving were encouraged and facilitated.</i> | <input type="checkbox"/> M or 4 <input type="checkbox"/> U or 3 <input type="checkbox"/> N/O or 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A |
| Comments: | |
| <i>Provides explanations to students in a clear manner.</i> | <input type="checkbox"/> M or 4 <input type="checkbox"/> U or 3 <input type="checkbox"/> N/O or 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A |
| Comments: | |
| <i>Assists students to utilize concept maps for meeting client needs (when applicable).</i> | <input type="checkbox"/> M or 4 <input type="checkbox"/> U or 3 <input type="checkbox"/> N/O or 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A |
| Comments: | |
| <i>Demonstrates concern for student progress and was actively helpful.</i> | <input type="checkbox"/> M or 4 <input type="checkbox"/> U or 3 <input type="checkbox"/> N/O or 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A |
| Comments: | |
| <i>Encouraged student to self-analyze clinical work.</i> | <input type="checkbox"/> M or 4 <input type="checkbox"/> U or 3 <input type="checkbox"/> N/O or 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A |
| Comments: | |
| <i>Provides progressive constructive feedback to students concerning performance.</i> | <input type="checkbox"/> M or 4 <input type="checkbox"/> U or 3 <input type="checkbox"/> N/O or 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A |
| Comments: | |
| <i>Faculty communicated in a manner that provided support and encouragement.</i> | <input type="checkbox"/> M or 4 <input type="checkbox"/> U or 3 <input type="checkbox"/> N/O or 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A |
| Comments: | |
| <i>Demonstrates competency and organizational skills.</i> | <input type="checkbox"/> M or 4 <input type="checkbox"/> U or 3 <input type="checkbox"/> N/O or 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A |
| Comments: | |
| <i>Maintain accurate required records (i.e., attendance, clinical assignments, anecdotal notes as needed).</i> | <input type="checkbox"/> M or 4 <input type="checkbox"/> U or 3 <input type="checkbox"/> N/O or 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A |
| Comments: | |

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| <i>Inform lead teacher, in a timely manner, of any concerns regarding student's performance.</i> | <input type="checkbox"/> M or 4 <input type="checkbox"/> U or 3 <input type="checkbox"/> N/O or 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A |
| Comments: | |
| <i>Inform lead teacher, in a timely manner, of any concerns with the clinical site facility.</i> | <input type="checkbox"/> M or 4 <input type="checkbox"/> U or 3 <input type="checkbox"/> N/O or 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A |
| Comments: | |
| <i>Helps students relate theory to practice.</i> | <input type="checkbox"/> M or 4 <input type="checkbox"/> U or 3 <input type="checkbox"/> N/O or 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A |
| Comments: | |
| <i>Provides due process to students when problems arise.</i> | <input type="checkbox"/> M or 4 <input type="checkbox"/> U or 3 <input type="checkbox"/> N/O or 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A |
| Comments: | |
| Additional Comments | |
| | |
| Recommendations | |
| | |
| Signatures | |
| Evaluator | Date |
| Instructor | Date |
| Comments from Instructor | |
| | |