

Department of Communication Disorders
Southern Connecticut State University

STUDENT FEEDBACK REGARDING COLLABORATIVE CLINICAL LEARNING

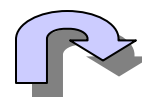
Clinical Instructor's Name: _____ Semester (circle): fall spring summer
Year: 20__ Site: _____ Practicum (circle): 560 561 564 568

Please take a minute to comment on the following statements regarding your clinical learning experience this semester. Respond to the first set of questions to provide feedback about the support you received from your clinical instructor (CI). Respond to the second set of questions to reflect on your own proactive involvement in your clinical education. Place an X in the box that best reflects your response to each statement. Please complete a separate form for each CI with whom you have worked this semester.

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My CI was available to me in person or through other means					
My CI provided feedback concerning my clinical work					
I received guidance from my CI as I completed written assignments					
My CI explained my clinical duties and responsibilities					
My CI helped me understand how to select clinical materials, activities and procedures					
My CI listened to my opinions and observations, and was receptive to my questions and comments					
My CI provided a rationale for his/her clinical suggestions					
My CI supported my own self-directed learning efforts					
I was treated respectfully by my CI					
I feel that I have developed my clinical skills under my CI's guidance					

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I was readily available to meet or interact with my CI					
I welcomed and actively considered feedback provided to me by my CI					
I actively sought guidance about my clinical writing from my CI when I needed it					
I actively sought to clarify my duties and responsibilities when I was uncertain					
I proactively sought input about my selection of materials, activities and procedures					
I was confident and proactive in sharing my opinions, observations, and questions with my CI					
I shared my rationale for my clinical ideas and actions with my CI					
I actively engaged in a variety of self-directed learning strategies					
I engaged with my CI in an active and respectful manner					

Please complete the reverse side of this form



What specific things do you think went well as you and your CI worked together?

What would have improved the work you and your CI did together?

Other comments:

Your current clinical instructor will not receive this evaluation until next semester.