



Physical Therapist Assistant Program

IN-SERVICE/PROJECT EVALUATION FORM

Student's Name _____

Clinical Facility _____ Date of Affiliation: _____

Clinical Instructor's Name _____ PTA 141 ___ PTA 245 ___ PTA 250 ___

Rate accordingly for the student's **IN-SERVICE PRESENTATION.**

Table with 5 columns: Strongly Agree, Agree, Indifferent, Disagree, Strongly Disagree. Rows include evaluation criteria for presentation and an overall summary row.

Rate accordingly for the student's **PROJECT.**

Table with 5 columns: Strongly Agree, Agree, Indifferent, Disagree, Strongly Disagree. Rows include evaluation criteria for project and an overall summary row.

What suggestions could you make to improve the student's presentation/project?

Four horizontal lines for handwritten suggestions.

CI's Signature: _____ Date: _____

Student's Signature: _____ Date: _____