

Mid-Semester Clinical Evaluation

Student: _____ Date: _____

Hospital: _____ Clinical Radiography: I II III IV V

Evaluator: _____

PLEASE NOTE

Categories 4, 5, and 7 are not applicable for Clinical Radiography 1 only.

Please indicate your rating of the above student
for each category listed below:

		Good	Satisfactory	Needs Improvement	Does Not Apply
<p><u>Overall Impression</u> Clinical evaluator's impression of the student's progress throughout the semester</p>					
1.	<p><u>Professionalism</u> Student's conduct in dealing with supervisors, technologists and patients</p>				
2.	<p><u>Following Instructions</u> Student's ability to take and follow direction</p>				
3.	<p><u>Communication Skills</u> Student's ability to verbally communicate with supervisors, technologists and patients</p>				
4.	<p><u>Positioning Skills</u> Student's ability to position patients correctly</p>				
5.	<p><u>Computing Technique</u> A. Student's ability to compute appropriate exposure factors</p> <p>B. Adapt factors for various patient conditions</p>				
6.	<p><u>Radiation Protection</u> Student's adherence to radiation protection procedures and protocol.</p>				
7.	<p><u>Knowledge of Equipment</u> Student's knowledge of equipment and their proper utilization</p>				
8.	<p><u>Patient Care</u> Student's ability to assess the patient's needs in order to complete the exam</p>				

Please indicate your rating of this student for each category listed below:

	Satisfactory	Needs Improvement
A. <u>Clinical Competency Policy</u> Student's adherence to the college's direct and indirect supervision levels		
B. <u>Appearance</u> Student's adherence to the program's professional dress code		
C. <u>Dependability</u> Student's willingness to perform tasks within his or her abilities		

Please explain any needs improvement items below:

- Have there been any incidents of clinical misconduct? ___ No ___ Yes, please explain below
- Have there been any incidents where the student did NOT follow the correct patient identification procedures? ___ No ___ Yes, please explain below
- Have there been any incidents where the student did NOT correctly perform and/or label an examination? ___ No ___ Yes, please explain below

Describe the student's clinical strengths:

What could the student have done to improve his or her clinical performance?

Additional Comments:

NO COMMENTS

Clinical Evaluator's Signature

Student's Comments:

NO COMMENTS

Student's Signature