



Bay State College Physical Therapist Assistant Program Post-Clinical Self-Assessment Form for Clinical Instructors

The purpose of this form is to provide a process for clinical instructors to reflect on the Clinical Education Experience in which they just participated in order to evaluate their own strengths and needs for development as clinical educators. **The data from this evaluation tool will be kept strictly confidential.** It will be used by the ACCE at Bay State College only to identify individual clinical faculty development needs.

This form should be completed by the clinical instructor at the end of the clinical experience and returned to the Bay State College PTA program ACCE along with the student's final CPI. The CI does not share their self-assessment with the student. However, CIs are encouraged to share it with the CCCE and/or supervisor at the clinical site.

Please direct questions or specific requests for assistance to Kristen Forget, PTA, ACCE at kforget@baystate.edu or 617-217-9437.

Clinical Instructor Name and professional designation: _____
Name of Clinical Site: _____
CI work email address: _____ **CI Phone:** _____
Date of self-assessment: _____ **Level of clinical experience just provided:** CEI CEII CEIII

How many years of clinical experience do you have? _____

How many years have you been in your current position? _____

List continuing education seminars or courses you have completed in the past 2 years.

How many students (including this one) have you supervised? _____

Are you an APTA Credentialed Clinical Instructor? Yes No

If yes, when did you receive this training? _____

If no, are you interested in becoming credentialed as a CI? Yes No

Briefly describe the training that prepared you for your role as a clinical instructor

