

Clinical Instructor Appraisal by Student

Student Name

Clinical Instructor Name

Clinical Rotation / Area

Date

Appraisal Criteria

Criteria	Excellent	Good	Satisfactory	Needs Improvement
Knowledge and expertise in clinical area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clarity in teaching/explaining procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Approachability and supportiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gives timely, constructive feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promotes critical thinking and problem-solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourages student participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Strengths of Clinical Instructor

Suggestions for Improvement

Student Signature

Date

Date