

STUDENT'S NAME: _____ DATE: _____

FACILITY NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

FIELD EXPERIENCE EVALUATION

1. Name of supervisor
2. What was your typical day like at this facility?
3. Was the field experience valuable to you? Why or why not?
4. Did you have your own patient caseload, and/or assist in treatment of patients with your supervisor, and/or observe treatment of patients by your supervisor?

5. Who would you recommend this field experience to, a student interested in PT, OT, athletic training, exercise physiology, health education, chiropractic's, cardiac rehabilitation, medicine physician's assistant, drug and alcohol rehabilitation, public health, etc.

6. What were the strengths and weaknesses of this field experience?

7. What did you have to do: an in-service, project, paper, etc? Describe this please, Was this helpful to you and/or the faculty?

8. How would you rate this field experience overall?

- a. Excellent
- b. Good
- c. Fair
- d. Poor
- e. Not suitable for a field experience