

# Clinical Observation Checklist

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Class Observed** \_\_\_\_\_ **Time** \_\_\_\_\_  
**Observer** \_\_\_\_\_ **Department** \_\_\_\_\_

***\*All items marked Not Observed must be explained in Comments***

	<u>Could Improve</u>	<u>Acceptable</u>	<u>Excellent</u>	<u>Not Observed*</u>
Models the role of a professional in the clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fosters an effective learning environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relates clinical to theory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is readily accessible for assistance/questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assists students in developing critical thinking and problem-solving tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Comments** *-Note either effective or ineffective teaching practices observed*  
*-Attach additional pages if necessary*

\_\_\_\_\_  
**Observer Signature** **Date**