



EVALUATION OF PERFORMANCE
MINOR EXTERNSHIP: AUDI 559 – SPEECH LANGUAGE PATHOLOGY

Student: _____ Clinical Educator: _____

Agency: _____ Externship Dates: _____

Please complete this form and review it with the student clinician. Fax or mail the completed form to Clinical Assistant within one week of the completed externship. Fax (604)-822-6569

(N/A) Not applicable (U) Unsatisfactory (S) Satisfactory (E) Excellent

Professional Skills:				
Respects confidentiality in all professional activities.	N/A	U	S	E
Projects professional manner in appearance, preparation, punctuality, and communication with other staff/clients.	N/A	U	S	E
Demonstrates interest in the clinical placement. Listens, asks questions, participates and contributes to discussion with Clinical Educator.	N/A	U	S	E
Knows professional limits and stays within boundaries of experience. Asks for help when needed.	N/A	U	S	E
Clinical Skills:				
Applies academic information to the clinical process.	N/A	U	S	E
Demonstrates understanding of the role of the speech language pathologist and indicators for referral.	N/A	U	S	E
Demonstrates understanding of the process of referral to discharge for your program.	N/A	U	S	E
Makes pertinent observations about clients.	N/A	U	S	E
Modifies language level according to the needs of the client.	N/A	U	S	E
Actively assists in clinical sessions under guidance and supervision.	N/A	U	S	E

In general, overall performance of this student was (circle one): Unsatisfactory Satisfactory Excellent

Comments:

 Clinical Educator Signature

 Student Signature