

Student Pre-Internship Self-Evaluation Form

Fill out the following form to help your CI plan your clinical internship. Using the key provided, choose the number that most represents how you assess your experience level in each of the CPI performance criterion, tests and measures, and interventions listed. Highlight the performance criterion, tests and measures, and interventions you are particularly interested in gaining experience in.

Key: 0 = No experience/background. May need lots of assistance and preparation.

1 = Very minimal experience/background. Would need to observe CI and discuss prior to supervised application.

2 = Minimal experience/background. Would be able to do with supervision and some guidance.

3 = Moderate experience/background. Would need little supervision and guidance.

4 = Significant experience/background. Very confident. Would be able to act independently.

Name: _____

Course #: _____

| Clinical Performance Criteria: | 0 No Experience | 1 Very Minimal Experience | 2 Minimal Experience | 3 Moderate Experience | 4 Significant Experience |
|--|-----------------------|------------------------------------|----------------------------|-----------------------------|--------------------------------|
| 1. Safety | | | | | |
| 2. Professional Behavior | | | | | |
| 3. Accountability | | | | | |
| 4. Communication | | | | | |
| 5. Cultural Competence | | | | | |
| 6. Professional Development | | | | | |
| 7. Clinical Reasoning | | | | | |
| 8. Screening | | | | | |
| 9. Examination (see next page for complete list) | | | | | |
| 10. Evaluation | | | | | |
| 11. Diagnosis/Prognosis | | | | | |
| 12. Plan of Care | | | | | |
| 13. Procedural Interventions (see next page for complete list) | | | | | |
| 14. Educational Interventions | | | | | |
| 15. Documentation | | | | | |
| 16. Outcomes Assessment | | | | | |
| 17. Financial Resources | | | | | |
| 18. Direction and Supervision of Personnel | | | | | |

| | 0 | 1 | 2 | 3 | 4 |
|--|------------------|-------------------------------|-----------------------|------------------------|---------------------------|
| Tests and Measures: | No Experience | Very Minimal Experience | Minimal Experience | Moderate Experience | Significant Experience |
| Aerobic capacity | | | | | |
| Anthropometric characteristics | | | | | |
| Arousal, mentation, and cognition | | | | | |
| Assistive and adaptive devices | | | | | |
| Community and work (job, school or play) reintegration | | | | | |
| Cranial nerve integrity | | | | | |
| Environmental, home, and work barriers | | | | | |
| Ergonomics and body mechanics | | | | | |
| Gait, assisted locomotion, and balance | | | | | |
| Integumentary integrity | | | | | |
| Joint integrity and mobility | | | | | |
| Motor function | | | | | |
| Muscle performance (including strength, power & endurance) | | | | | |
| Neuromotor development and sensory integration | | | | | |
| Orthotic, protective, and support devices | | | | | |
| Pain | | | | | |
| Posture | | | | | |
| Prosthetic requirements | | | | | |
| Range of motion | | | | | |
| Reflex integrity | | | | | |
| Self-care and home management (including activities of daily living and instrumental activities of daily living) | | | | | |
| Sensory integration | | | | | |
| Ventilation, respiration, and circulation | | | | | |

| Procedural Interventions: | 0 No Experience | 1 Very Minimal Experience | 2 Minimal Experience | 3 Moderate Experience | 4 Significant Experience |
|---|-----------------------|------------------------------------|----------------------------|-----------------------------|--------------------------------|
| Airway clearance techniques | | | | | |
| Electrotherapeutic modalities | | | | | |
| Integumentary repair and protection techniques | | | | | |
| Functional training in self-care and home management (ADL & IADL) | | | | | |
| Functional training in community and work (job, school, or play) | | | | | |
| Manual therapy techniques | | | | | |
| Physical agents and mechanical modalities | | | | | |
| Prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, therapeutic exercise (including aerobic conditioning) | | | | | |
| Therapeutic exercise | | | | | |