

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					

Tests and Measures:	0 No Experience	1 Very Minimal Experience	2 Minimal Experience	3 Moderate Experience	4 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					