

Pennsylvania College of Technology  
Student In-service Feedback Form

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Topic of In-service: \_\_\_\_\_

PTA Clinical Experience IIA

PTA Clinical Experience IIB

For items one through six, rate the student using this scale:

1=very low    2=low    3=average    4=high    5=very high

1. Preparation and organization	1	2	3	4	5
2. Presentation of material	1	2	3	4	5
3. Knowledge of subject	1	2	3	4	5
4. Ability to explain subject matter	1	2	3	4	5
5. Positive attitude	1	2	3	4	5
6. Applied material to clinical situations	1	2	3	4	5

For items seven through ten, provide your views of the in-service using this scale:

1=strongly disagree    2=disagree    3=neither agree nor disagree    4=agree    5=strongly agree

7. Information presented can be put to use in clinic	1	2	3	4	5
8. Handouts were relevant and useful	1	2	3	4	5
9. Participant involvement was adequate	1	2	3	4	5

Suggestions for future presentations:

Additional Comments:

\_\_\_\_\_  
Name (Optional)