

Medical Laboratory Technology Student Clinical Evaluation

Student Last Name	First Name	Clinical Site
Clinical Instructor(s) (Please Print)		
Period of Evaluation		
From	To	

This evaluation form is to be filled out by the clinical faculty, faculty person, or assigned technologist responsible for the student during the period of evaluation. This appraisal form will be used to evaluate the student's performance at the end of the clinical rotation and will become part of the student's permanent record.

Instruction to Evaluators:

1. Please be honest in rating the following characteristics of the student. Base your judgment on behavior you feel is *characteristic* of the student *during* the period of evaluation rather than on an isolated incident.

2. The following behaviors or characteristics are categorized and include a numerical rating range within each category. **Assign a numerical value from 1-4 for each behavior or characteristic observed for the student during the stated period of observation.**
 - a. 1 = Below average (consistently less than expected performance)
 - b. 2 = Marginal (occasionally unacceptable performance)
 - c. 3 = Satisfactory (meets expectations)
 - d. 4 = Outstanding (exceeds expectations)

3. Under the COMMENTS section, **please** write a brief overview of the student's performance. Any problems which you encountered with the student, as well as praise, should be notated here. Your comments will help the students learn their strengths and areas in which they should improve.

IMPORTANT:

Please contact Keri Brophy-Martinez at kbrophym@austincc.edu if you suspect or know that the student is acting unprofessionally, sharing patient results with unauthorized persons, using inappropriate language. If the matter is urgent call 512-223-5877 (office) or 512-536-0032 (cell).

Revised: August 19,2022

Medical Laboratory Technology Clinical Student Evaluation

Student _____ Clinical Site _____

Clinical Instructor _____ Department _____

For each section, select an overall rating of 0 through 4, by placing a check mark in the appropriate rating box on each line.

- 1 = Below average (consistently less than expected performance)**
- 2 = Marginally satisfactory (occasionally disappointing performance)**
- 3 = Satisfactory (meets expectations)**
- 4 = Outstanding (exceeds expectations)**

B e l o w A v e r a g e	M a r g i n a l	S a t i s f a c t o r y	O u t s t a n d i n g	
1	2	3	4	NA

Integrity and Professionalism					
1.	Adheres to arrival, departure and meal/break schedules				
2.	Arrives in the department prepared and ready to work.				
3.	Treats patient information with confidentiality.				
4.	Cheerfully and willingly engages with department activities.				
5.	Adheres to facility dress code; appears well groomed.				
6.	Follows established health/safety procedures and guidelines.				
Interpersonal and Communication Skills					
7.	Accepts and acts on constructive criticism in a positive manner.				
8.	Is tactful in most situations requiring communication with others.				
9.	Maintains professional behavior with department staff.				
Technical Performance					
10.	Reviews appropriate procedure manuals.				
11.	Asks insightful questions.				
12.	During observation of technical procedures, asks appropriate questions and makes notes of answers.				
13.	When reviewing results is able to interpret the data produced including controls and patients.				
14.	Applies knowledge of clinical significance to lab results obtained.				
Work Skills Progress					
15.	Utilizes available time for additional learning or assisting department.				
16.	Demonstrates comprehension and application of basic principles and procedures to work performed.				

Grading – TO BE COMPLETED BY ACC FACULTY

	Total #	Multiply Total x rating number
Rating 1		
Rating 2		
Rating 3		

Rating 4		
NA		
Add Together		
Grade - Divide by 64 x 100		

Instructor Comments: Please give a brief description of the student’s performance INCLUDING strengths and weaknesses. The comments are constructive criticisms to help the student identify areas in which they exhibit acceptable performance, and areas in which improvement is needed.

Student Comments (optional):

TO THE CLINICAL INSTRUCTOR: I have discussed this performance evaluation with the student.	
Clinical Instructor Signature:	Date:
TO THE STUDENT: This document becomes part of your permanent file. Your signature is to verify that you have reviewed this document and does not indicate agreement.	
Student Signature:	Date:
TO THE PROGRAM FACULTY: Your signature documents that you have reviewed the evaluation to document all areas are completed and signatures are present.	
Faculty Signature:	Date:
DEPARTMENT CHAIR: Signature is required if Evaluation grade is less than 70%	
Department Chair Signature:	Date: