Clinical Supervisor Evaluation

University of South Australia

Student Name	
Supervisor's Name	
Placement Organisation	

Question	Descriptor	Response (U,D,C,G or E)	Comments (required)
1. The student's overall level of professionalism, communication and level of commitment to placement is: **(Required pass – C, G or E)**	**U**nsatisfactory **D**eveloping **C**ompetent **G**ood **E**xcellent		
2. The student's ability to conduct an initial interview is:	**U**nsatisfactory **D**eveloping **C**ompetent **G**ood **E**xcellent		
3. The student's ability to select and administer relevant objective assessments is:	**U**nsatisfactory **D**eveloping **C**ompetent **G**ood **E**xcellent		
4. The student's ability with regards to evidenced based exercise prescription and design is:	**U**nsatisfactory **D**eveloping **C**ompetent **G**ood **E**xcellent		
5. The student's ability in exercise delivery is:	**U**nsatisfactory **D**eveloping **C**ompetent **G**ood **E**xcellent		
6. The student's ability to facilitate self-management with a client is:	**U**nsatisfactory **D**eveloping **C**ompetent **G**ood **E**xcellent		
7. The student's approach to client safety, including scope of practice is: **(Required pass – C, G or E)**	**U**nsatisfactory **D**eveloping **C**ompetent **G**ood **E**xcellent		

8. The student's self-management of personal risk is:	**U**nsatisfactory **D**eveloping **C**ompetent **G**ood **E**xcellent		
9. Overall, in my opinion the student is **ready to progress to independent work as an AEP** **(Required pass – B or C)**	**A.** At this time the student is **not yet competent** and requires further development before commencing the next practicum **B.** At this time the student is **ready to commence** the next practicum placement however still requires significant supervision and guidance **C.** The student is **ready to commence the next** practicum placement and shows signs of being able to work independently with indirect supervision.		
10. Please provide feedback including any concerns and/or areas for growth and development			
Supervisor Declaration	_____ Signature		____/____/___ Date
Student Declaration	_____ Signature		____/____/___ Date