

ANDREWS UNIVERSITY

Department of Physical Therapy

Clinical Experience and Goals Worksheet

Student Name _____

Academic Institution _____

Name of Clinical Education Site _____

Address _____ City _____ State _____

Clinical Experience Number _____ Clinical Experience Dates _____

Goals: List four goals you have for this clinical internship.

1. _____
2. _____
3. _____
4. _____

Experiences: List the type of experiences you would like to have for this clinical.

Examination:

Program planning:

Exercise:

Modalities

Supervision: Describe the type and/or amount of supervision and feedback you would like during this clinical rotation.

Experience: List the types of facilities and/or diagnoses that you have experienced.

Strengths: Describe what you consider to be your strengths.