University of Wisconsin- La Crosse
Physical Therapy Program
Clinical Education

Name_____
Facility_____
Rotation Dates_____

SELF-ASSESSMENT FORM

Intern: This form is to be sent to the Clinical Educator at your next clinical fieldwork site to assist in planning your experiences. Please send it 3-4 weeks before you are scheduled to start here.

1. I feel that I have competencies in the following areas and can perform with minimal or no assistance:

2. I feel that I am weak or lack experience in the following areas:

3. Knowing the resources of your facility, I am most interested in:

    a. improving in the areas of:

    b. learning the following:

4. I feel that I learn best when supervised in the following manner: