

McHenry County College
Physical Therapist Assistant Program
Clinical Instructor Curriculum Review Form

Check the Clinical Education Experience:

___ PTA Clinical Experience I (4 week experience, spring)

___ PTA Clinical Experience II (first 6 week experience, fall)

___ PTA Clinical Experience III (second 6 week experience, fall)

Clinical Instructor Name: _____

Clinical Site: _____

Dates of Clinical: _____

Clinical Instructor's Entry-level PT/PTA Degree: _____

Years of Experience as a Clinical Instructor: _____

Years of Experience as a Clinician: _____

APTA Credentialed Clinical Instructor: Yes or No

APTA Membership: Yes or No

What recommendations do you have for improving the MCC PTA curriculum?

What recommendations do you have for improving the MCC PTA Clinical Education program?

How might the CEC improve coordination, communication, and/or interventions between the school and clinical site?

When Completed, please fax this form to
Clinical Education Coordinator at (815)455-3671