

McHenry County College
Physical Therapist Assistant Program
Clinical Orientation Checklist

To verify completion, the Clinical Instructor initials when a task is accomplished.

- _____ Ensure that the student has the appropriate ID badge(s) and parking permit for the clinical site
- _____ Review Clinical Schedule (including weekend or evening coverage)
- _____ Review meal schedule
- _____ Review the professional appearance and behavior standards of the facility
- _____ Review any available library or educational resources.
- _____ Review the organizational structure of the facility including the Physical Therapy or Rehabilitation Department.
- _____ Tour of the facility.
- _____ Review available supplies and equipment.
- _____ Review facility Infection Control procedures.
- _____ Review facility emergency procedures (Fire, Medical Emergency, Tornado, etc).
- _____ Review Clinical Education requirements and expectations.
- _____ Discuss student learning preferences.
- _____ Review facility documentation procedures and process.
- _____ Review facility billing procedures and process.

Clinical Instructor Signature/Date

Student Signature/Date

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