Facility Name: ______________________________

Student Name: ______________________________

Clinical Instructor Name: ______________________

Clinical Instructor Phone Number: _____________________

Clinical Instructor Email: ____________________________

Is the student having any difficulty in the following areas:

1. Safety  
   Yes ___  No ___

2. Professional behavior  
   Yes ___  No ___

3. Ethical and legal practice  
   Yes ___  No ___

4. Attendance  
   Yes ___  No ___

Do you feel that significant changes need to be made before you would feel comfortable giving this student a “passing” grade on this affiliation?

Yes ___  No ___

Comments if checked “yes”:

____________________________________________________________________________

____________________________________________________________________________

CAPTE: Pg. B-7, Item P-11; Pg. B-13, Item F-13; Pg. B-14, Item F-16; Pg. B-25, Item CP-2.9