Mid-Term Clinical Evaluation  
ISU Radiographic Science Program

Student Name _______________________________
Clinical Site ________________________________

Instructions: The student will complete page 1 of the mid-term evaluation. The clinical instructor will complete page 2 and review the entire evaluation with the student and provide additional feedback.

Student Self Evaluation

Things I do well:

1.

2.

3.

Things I can improve:

1.

2.

3.

List 1 or more goals I want to achieve by end of the semester:
Instructions: This section will be completed by the clinical instructor.

Please circle the current semester the student is enrolled in:

Professional Year 1:  Fall Semester  Spring Semester
Professional Year 2: Summer Semester  Fall Semester  Spring Semester

Please evaluate the student using the following criteria:

1. Student participates actively in their clinical experience. (circle one)
   Below Average  Average  Above Average
   Comments:

2. Student is punctual, reliable, and dependable. (circle one)
   Below Average  Average  Above Average
   Comments:

3. Student demonstrates proficiency in the competency exams assigned for the given semester based on their current level of didactic coursework. (circle one)
   Below Average  Average  Above Average
   Comments:

4. Student demonstrates professionalism. (circle one)
   Below Average  Average  Above Average
   Comments:

Based on the student’s current semester in the program, the student’s progress and clinical performance level is (circle one):

   Below Average  Average  Above Average
   Comments:

Student Signature ________________________________  Date________________
Clinical Instructor Signature __________________________  Date________________