

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL  
DIVISION OF PHYSICAL THERAPY

**STUDENT EVALUATION OF CURRICULUM**

Clinical site: \_\_\_\_\_ City/State: \_\_\_\_\_

Date: \_\_\_\_\_ Student's Name \_\_\_\_\_

**Primary type of experience:**

Acute care                       SNF/Sub-acute                       IP Rehab                       Home Health  
 Out-patient ortho                       Out-patient neuro                       Pediatric                       School system  
 Federal                       Other (explain) \_\_\_\_\_

The following information will be used by the UNC-CH Division of Physical Therapy Professional Education Committee as part of the evaluation and revision of the curriculum. Please comment on your perceptions of your academic preparation for each area identified:

AREA	Very well prepared	Adequately prepared	Not prepared adequately	No opinion
Professional behavior				
Verbal communication				
Written communication and documentation				
Safety				
General Examination				
General Intervention				
Assessment/evaluation including clinical problem solving				
Plan of care including discharge planning				
Spine orthopedics				
Extremity orthopedics				
Orthopedic manual therapy				
Neuromuscular				
Cardiopulmonary				
Integumentary				
Therapeutic exercise				
Modalities				
Geriatrics				
Pediatrics				
Patient/family education				
Evidence based practice				
Prevention, health promotion and wellness				
Practice management				
Please comment on your overall preparation				

Please comment on any specific areas in which the academic preparation could be improved.