



LARAMIE COUNTY  
COMMUNITY COLLEGE

## PHYSICAL THERAPIST ASSISTANT PROGRAM

### 5 MINUTE FEEDBACK FORM

Student: \_\_\_\_\_

Date: \_\_\_\_\_

*The 5 minute feedback form is designed to provide quick, daily student feedback, during the early stages of the clinical education experience (usually weeks 1-3). Having written feedback may provide your student, and you, with more concrete information, especially in the areas of Clinical Instructor expectations, and, immediate learning needs. In addition, having daily written observations may assist the Clinical Instructor with completing the CPI mid-term. When using this form, a quick listing of your observations and recommendations is acceptable. This is not a part of the student's record – it is provided as another tool to add to your clinical education toolbox. Although the form is most useful during the early clinical education experience, it may be used at any time during the clinical rotation.*

**List observed clinical performance or behaviors done well today:**

**Recommendations for improvement:**

**Additional comments/follow-up:**

CI Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_