



DEPARTMENT OF CLINICAL EDUCATION

T8 Clinic Rotations – Assignment (CHIROPRACTIC)

Your Name _____ Student ID# _____

Facility _____

Address _____ Date _____

City _____ State _____ Zip _____ Time In _____ Time Out _____ # of Hrs _____

		Strongly Disagree			Strongly Agree
1	The facility was efficient and up-to-date; representing state-of-the-art health care.	1	2	3	4 5
2	I was able to observe the practitioner perform exam and treatment procedures during this visit.	1	2	3	4 5
3	I learned a great deal that I will be able to incorporate into my future practice.	1	2	3	4 5
4	I feel this specific clinic rotation was a positive learning experience.	1	2	3	4 5
5	Following my visit, I sent a thank-you note to the host and site.		Yes		No

6) Describe the Office Mission Statement / Philosophy / Purpose:

7) Describe the conditions the practitioner evaluates and/or treats. (Be specific)

8) Describe cases and clinical scenarios the practitioner discussed with you.

9) List three things you learned as a result of this experience:

9a)

9b)

9c)

10) Describe how you will apply the information to your future chiropractic practice.

General Comments: