

# NCBRTL Clinical Performance Appraisal Summary & Reference Form

adapted with permission from the ATRA Standards of Practice Clinical Performance Appraisal Form

Intern/Therapist/Fellow (Circle) \_\_\_\_\_

College/University \_\_\_\_\_

Clinical/Intern Supervisor \_\_\_\_\_

Clinical/Intern Supervisor State License Number \_\_\_\_\_

Clinical/Intern Supervisor NCTRC Certification Number \_\_\_\_\_ Initial Date of NCTRC Certification \_\_\_\_\_

Agency \_\_\_\_\_

Agency Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Placement Dates -- From \_\_\_\_\_ to \_\_\_\_\_

Hours -- Internship only: No. of weeks \_\_\_\_\_ X \_\_\_\_\_ hours/week = \_\_\_\_\_ = Total Hours

Assigned Service Area/Patient Population(s) \_\_\_\_\_

**Indicate the rating that best describes the Intern's overall performance in comparison to their readiness to practice. Please calculate the overall performance by averaging the individual performance ratings.**

Average Overall Performance Rating		
Exceeds Expectations	(5)	<input style="width: 30px; height: 20px;" type="text"/>
Above Expectations	(4)	<input style="width: 30px; height: 20px;" type="text"/>
Achieves Expectations	(3)	<input style="width: 30px; height: 20px;" type="text"/>
Below Expectations	(2)	<input style="width: 30px; height: 20px;" type="text"/>
Does Not Meet Expectations	(1)	<input style="width: 30px; height: 20px;" type="text"/>

### Individual Performance Results

- |  |   |
|--|---|
| 1. Receives and Responds to Requests, Including Referrals and Physician's Orders, for Assessment and Treatment & Conducts Individualized Assessments | <input style="width: 100%; height: 20px;" type="text"/> |
| 2. Plans Treatment Interventions   | <input style="width: 100%; height: 20px;" type="text"/> |
| 3. Implements Treatment  | <input style="width: 100%; height: 20px;" type="text"/> |
| 4. Re-assesses & Evaluates Treatment Plan  | <input style="width: 100%; height: 20px;" type="text"/> |
| 5. Develops Discharge/Transition Plan  | <input style="width: 100%; height: 20px;" type="text"/> |
| 6. Plans & Practices to Reduce Risks, Prevent Injuries and Improve Safety  | <input style="width: 100%; height: 20px;" type="text"/> |
| 7. Practices in Compliance with ATRA Code of Ethics  | <input style="width: 100%; height: 20px;" type="text"/> |
| 8. Practices in Compliance with Policies, Procedures, Standards, Laws and Regulations  | <input style="width: 100%; height: 20px;" type="text"/> |
| 9. Maintains Qualifications, Credentials and Improves Competencies   | <input style="width: 100%; height: 20px;" type="text"/> |
| 10. Contributes to Quality Improvement to Improve Safety and Treatment Outcomes  | <input style="width: 100%; height: 20px;" type="text"/> |
| 11. Uses Resources Efficiently and Effectively   | <input style="width: 100%; height: 20px;" type="text"/> |
| 12. Conducts Program Evaluations and Applied Research  | <input style="width: 100%; height: 20px;" type="text"/> |

### Behavioral Performance Results

- |   |   |
|---|---|
| 1. Judgment                             | <input style="width: 100%; height: 20px;" type="text"/> |
| 2. Adaptability                         | <input style="width: 100%; height: 20px;" type="text"/> |
| 3. Attention to Detail                  | <input style="width: 100%; height: 20px;" type="text"/> |
| 4. Initiative                           | <input style="width: 100%; height: 20px;" type="text"/> |
| 5. Teamwork                             | <input style="width: 100%; height: 20px;" type="text"/> |
| 6. Professional and Technical Knowledge | <input style="width: 100%; height: 20px;" type="text"/> |

**Intervention Skills: List the treatment interventions and level (introductory - intermediate - advanced) demonstrated by the individual at completion of the last work cycle or internship.**

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**Development Plan: Identify practice competencies to be developed by the individual.**

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**Would you consider this person for a vacant position?**      Yes         No  

**I verify that the internship covered the content areas of the ATRA Standards of Practice and the intern's performance demonstrated minimum competency to practice.**

Signature of Student Intern \_\_\_\_\_ Date \_\_\_\_\_

Signature of Intern Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Make 3 copies, one for the intern, one to submit for NCBRTL Renewal Credit and one for supervisor's file.