

Mid-Term Clinical Evaluation  
ISU Diagnostic Medical Sonography 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 the end of the semester:

**INSTRUCTIONS:** This section will be completed by the clinical instructor.

Please circle the current semester the student is enrolled in:

Summer

Fall

Spring

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 \_\_\_\_\_