



Clinical Education Summary

This summary is to be completed by the student and then verified and signed by both parties.

Student Name: _____

Placement Site: _____

Clinical Practice Number: _____

Core Competency Hours

CI's are expected to review the student's core competency hours spreadsheet, to ensure that the hours accounted for are accurate. The numbers in this chart must directly reflect the numbers on the student's spreadsheet.

	Total Assessment Hours	Total Treatment Hours	Total Discharge Planning Hours	TOTAL
Cardiorespiratory Conditions/Practice	_____	_____	_____	_____
Neurological Conditions/Practice	_____	_____	_____	_____

Patient Age Group

Please enter a percentage for each patient age group the student has worked with during the course of the placement. Total response must add to 100%.

0 – 17 years: _____ 18 – 64 years: _____ 65 years and older: _____

- Please **check this circle** if the student's placement hours included a setting that did not involve direct clinical care for patients (examples: Leadership/Administrative/Management placements, Projects and Research)
Total number of Indirect Care hours: _____
- Please **check this circle** if the student has had exposure/completed any component of the placement using a Virtual/Telerehabilitation platform
Total number of Virtual/Telerehabilitation hours: _____
- Please **check this circle** if the student has had an opportunity to work with clients with complex conditions and /or multi-system concerns during the course of the placement
- Please **check this circle** if the student has participated in simulation activities (i.e. mock scenarios, high fidelity) during the course of the placement
- Please **check this circle** if the student has had the opportunity to work with Indigenous populations

Student Signature

By signing this I verify that I have reviewed my core competency hours spreadsheet with my CI, and that the numbers listed on this form directly reflect what is listed on the spreadsheet.

Clinical Instructor Signature

By signing this I verify that I have reviewed the student's core competency hours spreadsheet and the hours accounted for were completed during the placement. Additionally, the information provided on this form is a direct representation of the placement completed.

<p>_____ Signature</p> <p>_____ Date</p>	<p>_____ Signature</p> <p>_____ Date</p>
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