

CSUN BS, Radiologic Technology Affective Assessment

This form is to evaluate _____ while in the _____ rotation at _____ site from ___/___/___ to ___/___/___. It is intended to assess only affective personality traits. (i.e., attitudes, emotions, feelings, etc.)

Please indicate your assessment by filling in the appropriate number in the space provided next to each statement.

0 = Unsatisfactory 1 = Needs Improvement 2 = Satisfactory 3 = Above Average N/A = Unable to Assess

- | | |
|-------|--|
| _____ | 1. Observes personal cleanliness and is appropriately dressed. |
| _____ | 2. Work and cooperate with all department personnel, clinical instructors, and other students. |
| _____ | 3. Be dependable with all assigned duties. |
| _____ | 4. Being in the area at the assigned times (punctuality). |
| _____ | 5. Organize thoughts and functions effectively under normal and emergency conditions. |
| _____ | 6. Demonstrate initiative by seeking extra work and responsibilities. |
| _____ | 7. Accept constructive criticism in a positive manner. |
| _____ | 8. Correct faults or weaknesses indicated by others. |
| _____ | 9. Exhibit confidence in technical abilities. |
| _____ | 10. Avoid becoming over confident in technical abilities. |
| _____ | 11. Appear interested and enthusiastic about radiography. |
| _____ | 12. Keep equipment and supplies neat, clean, and well stocked. |
| _____ | 13. Observe all hospital rules and regulations. |
| _____ | 14. Observe the profession's ethical guidelines for patient care and education. |
| _____ | 15. Avoid displays of inappropriate behavior. |
| _____ | 16. Promotes an atmosphere of harmony and stability. |
| _____ | 17. Be courteous and respectful to patients and hospital personnel. |
| _____ | 18. Treat all patients equally regardless of age, sex, race, religion, disability, or disease. |
| _____ | 19. Exhibit a humanistic response to patient needs. |
| _____ | 20. Promote open communication with patients for "patient education". |

1. Identify this student's strengths – please check all that apply:

- | | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> patient education | <input type="checkbox"/> patient relations | <input type="checkbox"/> follow through | <input type="checkbox"/> self confidence | <input type="checkbox"/> communication with staff |
| <input type="checkbox"/> technical confidence | <input type="checkbox"/> ability to follow instructions | <input type="checkbox"/> initiative | <input type="checkbox"/> problem solving | |

2. Identify this student's weaknesses or "attributes to improve" – please check all that apply:

- | | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> patient education | <input type="checkbox"/> patient relations | <input type="checkbox"/> follow through | <input type="checkbox"/> self confidence | <input type="checkbox"/> communication with staff |
| <input type="checkbox"/> technical confidence | <input type="checkbox"/> ability to follow instructions | <input type="checkbox"/> initiative | <input type="checkbox"/> problem solving | |

3. Indicate your overall impression of this student: (circle)

0 = Unsatisfactory 1 = Needs Improvement 2 = Satisfactory 3 = Above Average

Clinical Instructor's Comments: _____

Clinical Instructor's Signature: _____ Date: _____

Student's Comments: _____

Student's Signature: _____ Date: _____

Clinical Coordinator's Comments: _____

Clinical Coordinator's Signature: _____ Date: _____