**Pediatric Physical Therapy Residency Program Evaluation Form**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Midyear/Year End Faculty/Mentors\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Overall Program Rating (Circle):

5-Superior 4-Excellent 3-Good 2-Fair 1-Poor

For the statements below, please mark the number which best describes your response.

5-Strongly Agree 4-Agree 3-Neutral 2-Disagree 1-Strongly Disagree

1. Program objectives were clearly defined. \_\_\_\_\_
2. The curriculum content reflected the programs objectives. \_\_\_\_\_
3. My personal learning goals were effectively integrated into the program curriculum: \_\_\_\_\_
4. The overall program plan and curriculum were presented in an organized manner. \_\_\_\_\_
5. Clinical Faculty challenged me to develop my clinical skills. \_\_\_\_\_
6. Academic Faculty challenged me to develop my teaching and research skills. \_\_\_\_\_
7. Clinical faculty/mentors were accessible and willing to help me. \_\_\_\_\_
8. Faculty/mentors freely shared their expertise and knowledge. \_\_\_\_\_
9. Expectations of me as a resident were clear and reasonable. \_\_\_\_\_
10. The overall curriculum was relevant to me as a future Pediatric Clinical Specialist. \_\_\_\_\_
11. The program was valuable to me in preparing for ABPTS certification. \_\_\_\_\_
12. I would recommend this program to future residents. \_\_\_\_\_

 Other comments: