



CLINICAL EVALUATION FORM - BASIC

Ambulance	Cath Lab	Surgery/Anesthesia	Extended Care
Emergency	Lab	Pediatric ICU	_____
ICU/CCU/Special Care	Labor & Delivery	Respiratory	_____

Student Name:	Student Signature	
Date:	Sign-In Time:	Sign-Out Time:

INSTRUCTIONS: Please indicate on the chart below what skills the EMT student performed. Evaluators should sign and date at the bottom, and should record any comments on the back of this form.

Patient Assessment Skills	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
Trauma patient assessment																			
Medical patient assessment																			
Psychological patient assessment																			
OB/GYN patient assessment																			
Pediatric patient assessment																			
Triage																			
Airway Skills																			
Suctioned airway																			
Oral/Nasal airway insertion																			
Oxygen administration																			
Ventilation (mouth to mask; BVM)																			
EGTA/PtL/Combitube																			
Auscultate breath sounds																			
Pulse oximetry																			
Medical Skills																			
Cardiac compressions																			
AED application																			
Trauma skills																			
Spinal immobilization																			
Splinting																			
Traction splint application																			
Wound Care																			
PASG application																			
Other Skills																			

The student must demonstrate, under direct supervision, the ability to:

- Safely perform specific psychomotor skills
- Perform/observe a comprehensive assessment on a variety of age groups
- Perform/observe a comprehensive assessment on a variety of pathologies
- Perform/observe a comprehensive assessment, formulate and implement a treatment plan for a variety of patient complaints
- Serve as team leader or active team member in a variety of patient settings

Evaluator's Signature:	Date:
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