

Reflective Practice Evaluation

	0	1	2
Goals Identified	No apparent goal statement	Unclear goal setting	Clearly stated goals
Reflect experience in your practice of your Shifts	Unclear history of events, too brief	Vague history, need some elaboration	Clear, in depth reporting
Performance – Self Assessment	No self evaluation	Poor self evaluation, superficial performance review	Honest evaluation of self and performance
Reflections regarding strategies for Improved Performance	No strategies identified or highly unrealistic	Some strategies mentioned partially achievable	Plan for improved execution of strategy and performance
Spelling, Grammar, Timeliness	Multiple spelling mistakes, improper grammar	< 4 spelling mistakes & grammar errors,	No spelling or grammar errors, on time

Score: / 10

Note: Any reflective practice submitted more than 1 week late will be assigned a grade of "0"

Comments:

Must obtain a minimum grade of 60%

Student Signature: _____

Note: Submit to Clinical Coordinator – not Preceptor for evaluation and post the submission on FOL for MRI Program Coordinator (use appropriate drop box)

Clinical Coordinator Signature _____