

Anecdotal Record

Student's Name: _____ Date: _____

Evaluator/Observer: _____

Setting (place, persons involved, atmosphere, etc.)

Student Action or Behaviour

Evaluator Interpretation

Student's
signature: _____

Evaluator's
signature: _____

Student's Comments

Format adapted from: Shea ML, Boyum PG, Spanke MM. *Health Occupations Clinical Teacher Education Series for Secondary and Post Secondary Educators*. Urbana, IL: Department of Vocational and Technical Education, University of Illinois at Urbana-Champaign; 1985.

Adapted from the American Physical Therapy Association.

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