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Click the box below to indicate that you have reviewed all sections of your clinical site survey.		
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Person Completing CSIF:		
Danielle Dreyfus		
-mail address of person completing CSIF:		
dreyfus@5sqc.com		
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linical Center Web Address:		
ww.gettingbacktolife.com		
Director of Physical Therapy:		
feith Poulin		
Center Coordinator of Clinical Education (CCCE) / Contact Person:		

CCCE / Contact Person Phone:					
(781)935-5050 x301450					
CCCE / Contact Person E-mail:					
ddreyfus@5sqc.com					
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If your facility is part of a larger corporation or has multi	ple sit	es or clinical centers, include the contact informati	ion for	the corporate/healthcare system orga	nization.
Corporate/Healthcare System Organization:					
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Contact Name:					
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Choose the category that best describes how your facility fu	nction	s the majority (> 50%) of the time.			

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Please choose:       Image: Constraint of the constraint of th	V		
Please choose:       Image: Construction         State of Licensure/Registration         Please choose:       Image: Construction         License/Registration Number:         License/Registration Number:         Highest Earned Physical Therapy Degree         Doctor in Physical Therapy         Highest Earned Degree         Post-professional Doctor in Physical Therapy (Transition)         APTA Credentialed CI	V		
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Please choose:       Image: Constraint of Licensure/Registration         Please choose:       Image: Constraint of Licensure/Registration         Please choose:       Image: Constraint of Licensure/Registration         License/Registration Number:       Image: Constraint of Licensure/Registration         Highest Earned Physical Therapy Degree       Image: Constraint of Licensure/Registration         Highest Earned Degree       Image: Constraint of Licensure/Registration         Highest Earned Degree       Image: Constraint of Licensure/Registration         APTA Credentialed CI       Image: Constraint of Constraint of Licensure/Registration         APTA Advanced Credentialed CI       Image: Constraint of Licensure/Registration	Y		
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Please choose:       Image: Construction         State of Licensure/Registration         Please choose:       Image: Construction         Icense/Registration Number:         License/Registration Number:         Highest Earned Physical Therapy Degree         Doctor in Physical Therapy         Post-professional Doctor in Physical Therapy (Transition)         APTA Credentialed CI         Image: One of the structure of t	V		
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Please choose:       Image: Construction         State of Licensure/Registration         Please choose:       Image: Construction         License/Registration Number:         Highest Earned Physical Therapy Degree         Doctor in Physical Therapy       Image: Construction         Highest Earned Degree         Post-professional Doctor in Physical Therapy (Transition)         APTA Credentialed CI         Image: One of the state of the st			

	PCS		NCS
_	CCS		SCS
	ECS		WCS
	cognition of Advanced Proficiency for PTAs (Check all that apply)		
	Aquatic		Musculoskeletal
	Cardiopulmonary		Neuromuscular
	Geriatric		Pediatrics
	Integumentary		
Other cre	dentials:		
Summa	ry of College and University Education		
	ith most current)		
Institu	tion:		
Period	of Study		
(If the	e user is currently enrolled, please type in the word 'CURRENT' into th	ne box labeled 'To'.)	
From	— To		
Major:			
Degree	:		
Summa	ry of Primary Employment		
For cur	rent and previous four positions since graduation from college; s	tart with most cur	rent)
Employ	/er:		
Positio	n:		
Period	of Employment		
(If the	e user is currently employed, please type in the word 'CURRENT' into	the box labeled 'To	.)
From	— To		
Continu	ing Professional Preparation Related Directly to Clinical Teaching R	esponsibilities	
for exa	mple, academic for credit courses [dates and titles], continuing ed		and instructors], research, clinical practice/expertise, etc. in the last three
for exa	mple, academic for credit courses [dates and titles], continuing ed		and instructors], research, clinical practice/expertise, etc. in the last three
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Please choose: 💌			
No. of Years Working at this Site			
Please choose: 💌			
Check all that apply:			
PT PT		PTA	
	11		
Line in the line in the Contract			
Licensing/Registration Status Please choose:			
·			
State of Licensure/Registration			
Please choose:			
License/Registration Number:			
Highest Earned Physical Therapy Degree			
Masters in Physical Therapy			
Highest Earned Degree			
Masters degree	•		
APTA Credentialed CI			
O Yes O No			
APTA Advanced Credentialed CI			
Other CI Credentialing			
Please explain:			
CKTP			
ABPTS Certified Clinical Specialist (Check all that apply)			
ocs		GCS	
PCS PCS		NCS	
		SCS	
ECS		WCS	
APTA Recognition of Advanced Proficiency for PTAs (Check all tha			
Aquatic		Musculoskeletal	
Cardiopulmonary		Neuromuscular	
Geriatric Integumentary		Pediatrics	
Other credentials:			
Summary of College and University Education			
(Start with most current)			
Institution:			
Period of Study			
(If the user is currently enrolled, please type in the word 'CURR	ENT' into the box labeled 'Te	o'.)	
From — To			
Major:			

Employer:	
Position:	
Period of Employment	
(If the user is currently employed, please type in the word 'CURRENT'	into the box labeled 'To'.)
From — To	
Continuing Professional Preparation Related Directly to Clinical Teachi	ing Responsibilities
	ng education [courses and instructors], research, clinical practice/expertise, etc. in the last three
3) years)	
Course:	
Provider/Location:	
Date	
lame:	
essica Therrien	
mail Address / CP12 Login:	
essica.Therrien@encompasshealth.com	
resent Position (Title, Name of Facility):	
o. of Years as the CCCE	
Please choose: 💌	
lo. of Years of Clinical Practice	
Please choose:	
lo. of Years of Clinical Teaching	
Please choose: 💌	
lo. of Years Working at this Site	
Please choose: 💌	
heck all that apply:	
РТ	☐ PTA
	-
Licensing/Registration Status	
Please choose:	
State of Licongurg / Registration	
State of Licensure/Registration	
License/Registration Number:	
lighest Earned Physical Therapy Degree	
Please choose:	
lighest Earned Degree	
lighest Earned Degree Please choose:	T
lighest Earned Degree Please choose:	

Clinical Instructor Information		07/21/16 06:52 AM	
Clinical Instructor Information			
Provide the following information on all PTs or P	TAs employed at your clinical site who are CIs.		
CI Name Followed By Credentials	CIUsername	Actions	
Baldwin, Lauren	lkennedy16@gmail.com		
Barackman, Heather	Heather.Barackman@healthsouth.com		
Buckley, Allison E	ABuckley@relianthcp.com		
Casiello, Emma	ecasiello@relianthcp.com		
Chow, L	lchow@5sqc.com		
Conway, Megan C	megan.conway@healthsouth.com		
Coviello, Natalie	nataliecoviello@gmail.com		
Dennis, Laura L	laura.renaghan@gmail.com		
Donigian, Laura	laurafaith1028@gmail.com		
Dreyfus, Danielle	ddreyfus@partners.org		
Faulk, Catherine	CFAULK@5sqc.com		
Feeney, Allison	Allison.Feeney@healthsouth.com		
Gallione, Jennifer	Jennifer.Gallione@healthsouth.com		
Grabowski, Caitlin	cgrabowski@5sqc.com		
Grady Landers, Anne	anne.gradylanders@healthsouth.com		
Grushynsky, Derek	derek.grushynsky@healthsouth.com		
Hattan, Karla	KHattan@5sqc.com		
Hauschild, Emily	empeter2@gmail.com		
Ishioka, Amy	Amy.Ishioka@healthsouth.com		
King, Allison	aking@jstartpt.com		
Ma, Kevin L	Kevin.Ma@healthsouth.com		
MacVane, Heather	hmacvane@5sqc.com		
Marhefka, Dale R	DMarhefka@5sqc.com		
Martel, Kathrynn	Kmartel@5sqc.com		
McDonough, Stacy	SMcDonough@5sqc.com		
Add New CI Displaying Clinical instructor 1	- 25 of 38 in total	Previous 12	Next
Section Sign Off: Click the box below to indicate you have reviewed and fin This section has been completed.	ished with this section of the survey.		
Clinical Instructors		01/20/14 02:40 PM	

What	criteria do you use to select clinical instructors? (Checl	k all tha	at apply)					
	APTA Clinical Instructor Credentialing		Career ladder opportunity		Certification/training course			
	Clinical competence		Delegated in position description	V	Demonstrated strength in clinical teaching			
	No criteria		Other (not APTA) clinical instructor credentialing		Therapist initiative/volunteer			
V	Years of experience		Other					
How a	re clinical instructors trained? (Check all that apply) 1:1 individual training (CCCE:CI)		APTA Clinical Instructor Education and Credentialing Program		Academic for-credit coursework			
	Clinical center inservices		Continuing education by academic program		Continuing education by consortia			
	No training		Other (not APTA) clinical instructor credentialing program		Professional continuing education (e.g., chapt course)	er, CEU		
	Other							
	Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey.							
moin	nation About the Physical Therapy Service				12/11/13 03:03 PM			
Intensi Rehabi 210 Step do Subacu Extend Others 210 210	atric center: ive care: illitation center: own: ute/transitional care unit: led care: specialty centers: Number of Beds: tion Sign Off: k the box below to indicate you have reviewed and finished w Fhis section has been completed.	ith this:	section of the survey.					
Numb	per of Patients/Clients				12/11/13 03:03 PM			
Num	<b>ber of Patients/Clients</b> ate the average number of patient/client visits per o	dav:						
Inpa	tient		Outpatient					
6	tient idual PT:		Outpatient 10 Individual PT:					
6 Indiv	idual PT:		10 Individual PT:					
6 Indiv Stude	idual PT: nt PT:		10 Individual PT: Student PT:					
6 Indiv Stude Indiv	idual PT: nt PT: idual PTA:		10 Individual PT: Student PT: Individual PTA:					
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6 Indiv Stude Indiv Stude	idual PT: nt PT: idual PTA:		10 Individual PT: Student PT: Individual PTA:					

Section Sign Off:				
Click the box below to indicate you have reviewed and finished wi	ith this	section of the survey.		
₩ This section has been completed.				
Patient/Client Lifespan and Continuum of Care			12/11/13 03:03 PM	
Patient/Client Lifespan and Continuum of Care				
Indicate the frequency of time typically spent with patient	ıts/clie	ents in each of the categories:		
Patient Lifespan				
0-12 years				
0%				
13-21 years				
1% - 25%				
22-65 years				
,				
Over 65 years				
Continuum of Care				
Critical care, ICU, acute				
0%				
SNF/ECF/sub-acute				
0%				
Rehabilitation				
76% - 100%				
Ambulatory/outpatient				
76% - 100%				
Home health/hospice				
,				
Wellness/fitness/industry				
Section Sign Off:				
Click the box below to indicate you have reviewed and finished wi	ith this	section of the survey.		
✓ This section has been completed.				
Patient/Client Diagnoses			12/11/13 03:03 PM	
Patient/Client Diagnoses				
Indicate the frequency of time typically spent with patient	ts/cli	ents in each of the categories.		
Musculoskeletal	1137 CIR	and in each of the categories.		
1% - 25%				
Which Musculoskeletal sub-categories are available to the st	uden	:		
Acute injury		Amputation	Arthritis	
Bone disease/dysfunction		Connective tissue disease/dysfunction	Muscle disease/dysfunction	

	Musculoskeletal degenerative disease	F	V	Orthopedic surgery			Other		
Neuro-muscular									
26% -									
	Neuro-muscular sub-categories are avai			:					
	Brain injury		<b>V</b>	Cerebral vascular accident			Chronic pa		
	Congenital/developmental		<b>V</b>	Neuromuscular degenerativ	re disease			nerve injury	
	Spinal cord injury	ŀ	V	Vestibular disorder			Other		
	Cardiovascular-pulmonary								
1% - 2	25%								
Which	Which Cardiovascular-pulmonary sub-categories are available to the student:								
	Cardiac dysfunction/disease	ſ		Fitness			Lymphede	ma	
	Peripheral vascular dysfunction/disease	F	V	Pulmonary dysfunction/dise	ease		Other		
Integu	mentary								
0%									
	Integumentary sub-categories are availa					-	0 0		
	Burns Other	1		Open wounds			Scar forma	non	
	Ottler								
Other	(May cross a number of diagnostic group	s)							
1% - 2	25%								
Which	other sub-categories are available to the	student:							
	Cognitive impairment	ļ.	7	General medical conditions		V	General su	rgery	
	Oncologic conditions	ſ		Organ transplant			Wellness/H	Prevention	
	Other								
Sect	tion Sign Off:								
Click	the box below to indicate you have reviewed a	and finished with	n this s	section of the survey.					
<b>I</b>	his section has been completed.								
Staffin	g						12/11/1	3 03:03 PM	
	-								
Staffi	ng								
		Full-time Bud	geted		Part-time Budgeted			Current Staffing	
PTs		14						13	
PTAs		4						2	
Aides	/Techs	4						4	
Other:									
Sect	ion Sign Off:								
	the box below to indicate you have reviewed a	and finished with	n this s	section of the survey.					
_									
	'his section has been completed.								
Inform	nation About the Clinical Education Exper	rience					01/20/1	4 02:25 PM	
Infor	mation About the Clinical Education	on Experien	ice						
	l Programs/Activities/Learning Oppor								

Please check all special programs/activities/learning opportunities available to students.					
	Administration		Aquatic Therapy		Athletic Venue Coverage
7	Back School		Biomechanics Lab		Cardiac Rehabilitation
7	Community/Re-entry Activities		Critical Care/Intensive Care		Departmental Administration
	Early Intervention		Employee Intervention		Employee Wellness Program
7	Group Programs/Classes		Home Health Program		Industrial/Ergonomic PT
7	Inservice Training/Lectures	Г	Neonatal Care		Nursing Home/ECF/SNF
7	Orthotic/Prosthetic Fabrication		Pain Management Program		Pediatric - Classroom Consultation Emphasis
	Pediatric - Cognitive Impairment Emphasis		Pediatric - Developmental Program Emphasis		Pediatric - General
	Pediatric - Musculoskeletal Emphasis		Pediatric - Neurological Emphasis		Prevention/Wellness
7	Pulmonary Rehabilitation		Quality Assurance/CQI/TQM		Radiology
	Research Experience		Screening/Prevention		Sports Physical Therapy
	Surgery (observation)		Team Meetings/Rounds		Vestibular Rehabilitation
-	Women's Health/OB-GYN		Work Hardening/Conditioning		Wound Care
	Other				
pecia	lty Clinics				
ease	check all specialty clinics available as student learnin	ig expe	riences.		
	Arthritis		Balance		Developmental
1	Feeding clinic		Hand clinic		Hemophilia clinic
	Industry		Neurology clinic		Orthopedic clinic
	Pain clinic		Preparticipation sports		Prosthetic/orthotic clinic
-	Scoliosis		Screening clinics		Seating/mobility clinic
-	Sports medicine clinic	П	Wellness	Г	Women's health
7	Other				
	explain: Ichair and orthotic clinic run on an as needed basis and	d indivi	idual basis		
[4]					
eaiti	n and Educational Providers at the Clinical Site				
ease	check all health care and educational providers at yo	ur clini	ical site students typically observe and/or with whom	they in	teract.
7	Administrators		Alternative therapies		Athletic trainers
	Audiologists		Dietitians		Enterostomal / wound specialists
	Exercise physiologists		Fitness professionals		Health information technologists
	Massage therapists		Nurses		Occupational therapists
	Physician assistants		Physicians		Podiatrists
7	Prosthetists / orthotists		Psychologists		Respiratory therapists
	Social workers	Г	Special education teachers		Speech/language pathologists
7	Students from other disciplines	V	· Students from other physical therapy education programs		Therapeutic recreation therapists
-	Vocational rehabilitation counselors		Other		
	vocatoriai renabilitatori couriserors	-	ouler		
	tion Sign Off:				
Cfic	the box below to indicate you have reviewed and finished w	in this	section of the survey.		
✓ This section has been completed.					
vaila	bility of the Clinical Education Experience				01/20/14 02:25 PM
Availability of the Clinical Education Experience					
dica	te educational levels at which you accept PT and P	'TA stu	dents for clinical experiences (Check all that apply)		
Physical Therapist					

First E	experience:				
	Full days		Half days		Other
Physical Therapist Intermediate Experiences:					
	Full days		Half days		Other
	al Therapist				
	Final Experience		Internship (6 months or longer)		Specialty experience
	Other				
	al Therapist Assistant Experience:				
	Full days		Half days		Other
	cal Therapist Assistant nediate Experiences:				
V	Full days		Half days		Other
	cal Therapist Assistant				
	Final Experience		Other		
PT					
	te which months you will accept students for any sing		-	_	
	January		February		March
	April	N	May		June
	July	N	August		September
	October		November		December
Indica	te which months you will accept students for any one	part-ti	me (< 36 hrs/wk) clinical experience.		
	January		February		March
	April		Мау		June
	July		August		September
	October		November		December
PTA					
r 1A					
Indica	te which months you will accept students for any sing	le full-	time (36 hrs/wk) clinical experience.		
	January		February		March
	April		Мау		June
	July		August		September
	October	V	November		December
Indica	te which months you will accept students for any one	part-ti	me (< 36 hrs/wk) clinical experience.		
	January		February		March
	April	П	May		June
	r July		August		September
	October		November		• December
		P		· · · ·	
	e number of PT students affiliating per year.:				
17					
	e number of PTA students affiliating per year.:				
4					
Is your clinical site willing to offer reasonable accommodations for students under ADA?					
• Yes • No Please explain:					
Please explain: What is the procedure for managing students whose performance is below expectations or unsafe?:					
	· · · · · · · · · · · · · · · · · · ·				

	Weekly planning forms, anectdotal forms, critical incidence reports, communication between CCCE and ACCE, CI, and student						
Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site. (Answer if the clinical center employs only one PT or PTA.):							
A covering physical therapist will supervise the student.							
Section Sign Off:							
Click the box below to indicate you have reviewed and finished with this section of the survey.	Click the box below to indicate you have reviewed and finished with this section of the survey.						
▼ This section has been completed.							
Clinical Site's Learning Objectives and Assessment 01/20/14 02:25 PM							
Clinical Site's Learning Objectives and Assessment							
Does your clinical site provide written clinical education objectives to students?							
• Yes C No							
Are all professional staff members who provide physical therapy services acquainted with the clinical site's learning objectives?							
© Yes O No							
When do the CCCE and/or CI typically discuss the clinical site's learning objectives with students? (Check all that apply)							
At end of clinical experience At mid-clinical experience Beginning of the clinical	experience						
🔽 Daily Weekly 🔽 Other							
Indicate which of the following methods are typically utilized to inform students about their clinical performance? (Check all that apply)							
As per student request in addition to formal and ongoing written & oral feedback throughout the clinical 🔽 Student self-assessment the self-asses	hroughout the clinical						
☑     Written and oral mid-evaluation     ☑     Other							
	]						
Section Sign Off:							
Click the box below to indicate you have reviewed and finished with this section of the survey.							
This section has been completed.							
Student Requirements 06/09/15 03:35 PM							
Student Requirements							
•							
Do students need to contact the clinical site for specific work hours related to the clinical experience?							
Do students need to contact the clinical site for specific work hours related to the clinical experience?							
Do students need to contact the clinical site for specific work hours related to the clinical experience?							
Do students need to contact the clinical site for specific work hours related to the clinical experience? Yes C No Please explain:							
<ul> <li>Do students need to contact the clinical site for specific work hours related to the clinical experience?</li> <li>Yes O No</li> <li>Please explain:</li> <li>They will be mailed information about the date/time to begin the clinical. After the orientation, they will work the hours of their CI.</li> <li>Do students receive the same official holidays as staff?</li> <li>Yes O No</li> </ul>							
Do students need to contact the clinical site for specific work hours related to the clinical experience?         O       Yes       O       No         Please explain:       They will be mailed information about the date/time to begin the clinical. After the orientation, they will work the hours of their CI.         Dostudents receive the same official holidays as staff?         O       Yes       O       No         Please explain:							
Dostudents need to contact the clinical site for specific work hours related to the clinical experience? C Yes C No Please explain: They will be mailed information about the date/time to begin the clinical. After the orientation, they will work the hours of their CI. Dostudents receive the same official holidays as staff? C Yes C No Please explain: Thanksgiving Day, Christmas Day, and New Year's Day							
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Press No   Press No Press Pres							

Please explain:						
Are any other health tests/immunizations required prior to the clinical experience? If yes, please specify:						
• Yes • No Please explain:						
Hepatitis B vaccination						
How is this information communicated to the clinic? Provide fax number if required.:						
mail						
How current are student physical exam records required to be?:						
TB within one year of the end date of the clinical						
Are any other health tests or immunizations required on-site? If yes, please specify: O Yes O No						
Is the student required to provide proof of any other training prior to orientation at your facility? If yes, please list.						
© Yes © No	5 P110	i to or circulton at your racinty. If yes, picase ist				
Indicate which of the following are required by your facility		-	_			
Child clearance		Criminal background check OSHA education		Drug screening		
HIPAA education		OSHA education		Proof of student health clearance		
Other						
Is a criminal background check required (e.g., Criminal Offe	ender	Record Information)? If yes, please indicate which bac	kgroui	nd check is required and time frame.		
Please explain:						
Is a child abuse clearance required?						
O Yes O No Please explain:						
Is the student responsible for the cost of required clearance	s?					
• Yes • • No						
Please explain:						
Is the student required to submit to a drug test? If yes, please describe parameters.						
C Yes O No						
Is medical testing available on-site for students?						
O Yes O No						
Please explain:						
Other requirements: (On-site orientation, sign an ethics statement, sign a confidentiality statement.):						
If an individual is responsible for Compliance items, please fill out the Compliance contact information below: Compliance Contact Person Name:						
-						
Compliance Contact Person Phone Number						
Phone Number:						
Ext: Compliance Contact Person Email:						
Section Sign Off:						
Click the box below to indicate you have reviewed and finished with this section of the survey.						
✓ This section has been completed.						
Special Information				06/09/15 03:35 PM		
Special Information						
Do you require a case study or inservice from all students (part-time and full-time)?						
• Yes • O No Please explain:						
Must be 30 minutes in length and relavent to the patient population that the student is treating. Further information provided on site						
Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client education handout/brochure)?						
C Yes C No						

## Please explain:

Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize.					
€ Yes € No Please explain:					
2 days alloted. If more than 2 days are missed, the time must be made up on the weekends if able or added to the end of the clinical					
Will the student have access to the Internet at the clinical site?					
€ Yes C No Please explain:					
Is there a facility/student dress code?					
• Yes C No					
Is emergency health care available for students?					
C Yes C No					
Is the student responsible for emergency health care costs?					
C Yes C No					
Is other non-emergency medical care available to students?					
C Yes C No					
Is the student required to have proof of health insurance?					
O Yes O No					
Is the student required to provide proof of OSHA training?					
C Yes C No					
Is the student required to provide proof of HIPAA training?					
C Yes C No					
Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?					
O Yes O No					
Is the student required to be CPR certified? (Please note if a specific course is required).					
O Yes O No					
Can the student receive CPR certification while on-site?					
C Yes C No					
Is the student required to be certified in First Aid?					
C Yes C No					
Can the student receive First Aid certification on-site?					
O Yes O No					
Section Sign Off:					
Click the box below to indicate you have reviewed and finished with this section of the survey.					
This section has been completed.					
Student Schedule 06/09/15 03:35 PM					
Student Schedule					
Indicate which of the following best describes the typical student work schedule:					
Standard 8 hour day 💌					
Describe the schedule(s) the student is expected to follow during the clinical experience:					
Follow the schedule of the CI (8:00-4:30 or 8:30-5:00)					
Is physical therapy provided on the weekends?					

C Yes C No

## Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

▼ This section has been completed.

"Key fields have been marked with an asterisks. Please see the CSIF Web Help Manual for more details about Key Fields"

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