

TCC Student PPE Evaluation Form

Circle the grade that corresponds to the student's skill level for each of the items indicated below in the table. Please refer to the HIM grade scale in the PPE Supervisor Handbook when grading the student. This evaluation serves as the basis for the final grade the student receives in the course.

If you are comfortable, please complete the assessment with the student. We find it is important for the student to receive feedback from the Site Supervisor that monitored the student.

Please return as soon as possible to PPE Coordinator, Corinne Jarvis via email (cjarvis@tacomacc.edu), fax (253.566.5077), or mail (6501 S 19th St., Tacoma, WA 98466).

TCC Student Name: _____

PPE Supervisor Name: _____

Date: _____

1. Overall Grade

100 94 91 88 85 82 80 78 74.5 72.0

2. Attendance

Student completed 40-80 hours of PPE, reported to the department on time each day, and returned from breaks/lunch on time.

100 94 91 88 85 82 80 78 74.5 72.0

Comments: _____

3. Professionalism

Student dressed appropriately, was respectful of colleagues/supervisors, displayed energy and motivation in starting/completing tasks, and functioned in a systematic and logical fashion.

100 94 91 88 85 82 80 78 74.5 72.0

Comments: _____

4. Communication

Student asked appropriate questions, displayed interest in all tasks assigned, and communicated appropriately with employees, medical staff, and other staff.

100 94 91 88 85 82 80 78 74.5 72.0

Comments: _____

5. Competency 1

Student demonstrated ability to understand and complete objectives regarding the department and facility functions.

100 94 91 88 85 82 80 78 74.5 72.0

Comments: _____

6. Competency 2

Student demonstrated ability to understand and complete objectives regarding the medical record.

100 94 91 88 85 82 80 78 74.5 72.0

Comments: _____

7. Competency 3 (if applicable)

Student demonstrated ability to understand and complete objectives regarding coding, billing, and reimbursement.

100 94 91 88 85 82 80 78 74.5 72.0

Comments: _____

8. Competency 4 (if applicable)

Student demonstrated ability to understand and complete objectives regarding compliance/ROI.

100 94 91 88 85 82 80 78 74.5 72.0

Comments: _____

9. Competency 5 (if applicable)

Student demonstrated ability to understand and complete objectives regarding registries and indices.

100 94 91 88 85 82 80 78 74.5 72.0

Comments: _____

10. Competency 6

Student demonstrated ability to understand and complete objectives regarding Interdepartmental Relationships.

100 94 91 88 85 82 80 78 74.5 72.0

Comments: _____

11. Project Driven PPE (if applicable)

Student demonstrated ability to understand and complete project(s) as assigned by the PPE Supervisor.

100 94 91 88 85 82 80 78 74.5 72.0

Comments: _____

12. Additional Comments

Is there any additional information you'd like the PPE Coordinator (instructor) to know about the experience or student?

The feedback provided in this evaluation is accurate and reflects the professional practice experience (PPE) for the student identified.

PPE Supervisor Signature

Date

TCC Student Signature

Date