

Please take the time to complete this survey. Your input is extremely important to your clinic leader and the Division.



## PSIA Intermountain Clinic Survey

1. Clinic Date:

2. Clinic Leader:

3. Clinic Title:

4. Clinic Location:

5. Certification Level:  Entry Level     Certified 1     Certified 2     Certified 3
6. Years Teaching:  0-1     2-5     6-10     more than 10
7. Teaching Status:  Full-time     Part-time     Not actively teaching

**8-11. Please tell us if the following elements of your clinic were "Excellent," "Good," "Fair," or "Poor."**

	Excellent	Good	Fair	Poor
8. Your clinic leader's communication skills:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Safety and risk awareness responsibilities .Were you safe?:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Fun and enjoyment of clinic:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Your clinic leader's teaching skills:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Please explain below if you responded "Fair" or "Poor" to any element.)

**12. Excluding external factors such as cost and time, would today's clinic experience make you "More Likely" or "Less Likely" to attend additional PSIA-I educational functions?**

(Please explain below if you responded "Less Likely.")

- More Likely     Less Likely

**13. Did clinic leader preview the clinic objective and did the clinic leader meet that Objective?**

(Please explain below if you responded "No.")

- Yes     No

**14. What do you believe is your clinic leader's greatest strength?**

**15. What do you suggest your clinic leader do to improve?**

**16. What would encourage you to attend more PSIA-I clinics?**