**弘光科技大學物理治療系臨床實習單位訪視紀錄表(學生)**

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| 臨床單位名稱 | | | |  | | | | | | | | | | | | | | | 臨床指導  教 師 | | | | | | 姓名： | | | | | | | | | | |
| 臨床負責組長 | | | |  | | | | | | | | | | | | | | | 電話： | | | | | | | | | | |
| 訪談實習學生 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 問題內容 | 1.對目前實習環境、地點是否適應？ | | | | | | 2.對目前實習內容之自我表現是否滿意？ | | | | | 3.對臨床教學活動及訓練課程是否吸收？ | | | | | 4.與實習指導老師及同儕之關係互動是否融洽？ | | | | | | 5.對實習指導教師之指導及管理是否接受？ | | | | | | 6.實習內容是否符合系所專業性 | | 7.住宿情況 | | | 8.校外實習學生住宿環境自我評估表  https://reurl.cc/4ozWe2 | |
| 學號  學生簽名 | 很滿意 | 滿意 | 尚可 | | 不滿意 | 很不滿意 | 很滿意 | 滿意 | 尚可 | 不滿意 | 很不滿意 | 很滿意 | 滿意 | 尚可 | 不滿意 | 很不滿意 | 很滿意 | 滿意 | | 尚可 | 不滿意 | 很不滿意 | 很滿意 | 滿意 | | 尚可 | 不滿意 | 很不滿意 | 是 | 否 | 家中 | 醫院宿舍 | 租屋 | 已完成 | 未完成 |
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| 訪視情形 | 1.學生建議事項：  2.教師輔導建議：  教師簽章：　　　　　　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 系主任  簽章 | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **弘光科技大學物理治療系臨床實習單位訪視照片** | |
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