

SPONSOR REPORT FORM

The Board of Directors of NSCP has adopted the following form to assist in the performance appraisal of the sponsored Physiotherapist at the end of the first month. If there are areas that seem weak please indicate what goals have been set to help the sponsored physiotherapist become stronger in those areas. This appraisal should address the practice of the sponsored physiotherapist with regard to:

Safety issues: *Are there any concerns with regard to patient safety, PT safety, safety in workplace, etc.?*
 YES NO

Comments: _____

Practice issues: *Are there any concerns with areas of practice i.e. weakness in measuring, assessing, goal planning, modality use, neuro, ortho, etc.?*
 YES NO

Comments: _____

Communication: *Are there any concerns with communication, either with patients, staff, or other team members, and either written, verbal or other? Any breach of Confidentiality?*
 YES NO

Comments: _____

Documentation: *Are charts and/or reports completed promptly, according to Standards, legible, etc.?*
 YES NO

Comments: _____

Delegation: *Does the sponsored physiotherapist demonstrate appropriate delegation of tasks if the environment is such that delegation can occur?*
 YES NO

Comments: _____

Jurisprudence: *Have they reviewed the Act and are they aware of the policies and guidelines for practice that have been set by the College?*
 YES NO

Comments: _____

Does the sponsored physiotherapist uphold the Standards of Practice and practice within the Code of Ethics and Rules of Conduct adopted by the College?
 YES NO

Comments: _____

Signed _____ Licence # _____ and _____ License # _____
Sponsor Sponsored PT

Date: _____ Date: _____