

Critical Incident Report^a

Directions: Record each entry clearly and concisely without reflecting any biases.

Student's Name:

Evaluator/Observer:

Date (Time)	Antecedents	Behaviors	Consequences
<i>Student Initials:</i> <i>Evaluator Initials:</i>			
<i>Student Initials:</i> <i>Evaluator Initials:</i>			
<i>Student Initials:</i> <i>Evaluator Initials:</i>			

Student's Signature:

Evaluator's Signature:

^aAdapted from: Shea ML, Boyum PG, Spanke MM. *Health Occupations Clinical Teacher Education Series for Secondary and Post Secondary Educators*. Urbana, Ill: Department of Vocational and Technical Education, University of Illinois at Urbana-Champaign; 1985. As found in the APTA Clinical Instructor Education and Credentialing Program, American Physical Therapy Association, Alexandria, Va, September 2005: Section IV-12.