In your professional career, you will be required to present in-services to your colleagues or complete projects for the facility. Therefore the purposes of this assignment are to help you become accustomed to public presentations, to give you an organizational format for presentations to your colleagues, organization of projects and to encourage the use of the most recent information on a particular topic.

GUIDELINES

1. Select a topic in consultation and with approval of your CI for the in-service or Project. The topic must meet your Clinical Instructor’s or CCCE’s approval. Your topic should be chosen before the mid-term visit / phone call by the DCE/Faculty Supervisor.
   a. Examples:
      i. In-service – should be pertinent to the setting and CANNOT be the presenting your CASE STUDY alone
      ii. Projects – (suggestions)
         1. Completing CSIF online for facility,
         2. Creating manuals for the facility,
         3. Creating special forms or brochures pertinent to the facility,
         4. Organizing a “booth” at a facility sponsored event,
         5. MANY OTHERS – must get CCCE/CI approval

2. Two in-services or projects are required for FIU. You must complete these by the end of the 4th clinical internship. The actual presentation should be a minimum of 30 minutes in length. Even if you have completed two in-services and have met FIU’s requirement, if a facility requests and in-service or project, the student MUST adhere to that request.

3. FOR your in-service/project, prepare the following items:
   FOR AN IN-SERVICE
   A. An outline of your presentation description
   B. You are required to use a minimum of two different teaching techniques that are appropriate (i.e. discussion, lecture, demonstration, etc.). You are encouraged to use audiovisual equipment and handouts for your presentation.
   C. Handouts (copies of your own handouts or articles given to attendees.)
   D. All presentations must include a list of the references that you used to prepare the in-service or project presentation. The list should include a minimum of three current references. Use the APA orAMA style manual.
   E. Copies of the ATTENDEE RATING FORM for each member of your audience – to be completed by each attendee.
   F. Have each attendee sign the "ATTENDANCE FORM"
FOR A PROJECT
A. If you complete project or task for your facility, submit a one page, single spaced, paper describing your project, it’s purpose and benefit to the community or facility to your CI in addition to the actual “Project/Task”

B. If you are providing a project/task only to your CI, have them complete the ATTENDANEE RATING FORM and sign the "ATTENDANCE FORM.” In addition, if others are involved with your project/task, have them complete the forms.
   Examples:
   i. If you complete a “manual” for your facility, have the CCCE and your CI rate your performance in creating the manual and have them sign the attendance form.
   ii. If you complete the online CSIF for your facility, have the CCCE and the CI sign the attendance form and complete the rating form. (In this case, the PT CSIF web – will also send me an email once the task is “signed” off by the CCCE)

4. After your in-service or project presentation, Combine the rating forms from the attendees with suggestions for change and complete the "SUMMARY OF INSERVICE EVALUATION FORM". Your clinical instructor must sign this form.

5. At the completion of your affiliation, turn in the following items to YOUR FACULTY SUPERVISOR
   A. Title page with your name, title of presentation or project, date, facility
   B. The outline of your presentation (if applicable)
   C. The list of references for in-service
   D. Any handouts that you distributed for an in-service
   E. The one page description if it a project
   F. The Summary of the In-service/Project Evaluation form. (WE DO NOT WANT ALL THE RATING FORMS, ONLY THE SUMMARY FORM SIGNED BY YOUR CI)
   G. The signed “Attendance form.”
Department of Physical Therapy

IN-SERVICE/PROJECT ATTENDANCE FORM

Presenter’s Name ____________________________ Date__________________

Topic____________________________________________________________

Facility__________________________________________________________

NAME

TITLE
FLORIDA INTERNATIONAL UNIVERSITY
Department of Physical Therapy
In-Service OR Project Rating Form

Presenter’s Name ____________________________ Date ______________
Topic __________________________ Facility __________________________

Organization:

The **topic or project** was introduced in a clear manner.

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>Disagree</td>
<td></td>
<td></td>
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</tbody>
</table>

Comments:

If it is an **in-service**, the material was presented in a logical order.
If it is a **project**, the final product submitted is well organized.

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<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
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</thead>
<tbody>
<tr>
<td>Agree</td>
<td>Disagree</td>
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</table>

Comments:

The **in-service presentation** was well paced and within the time available.
If it is a **project**, it was submitted within the time-frame requested by the facility.

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</thead>
<tbody>
<tr>
<td>Agree</td>
<td>Disagree</td>
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Comments:

Content:

The objectives of the **in-service or the project** were clearly stated.

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<th>1</th>
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</thead>
<tbody>
<tr>
<td>Agree</td>
<td>Disagree</td>
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</table>

Comments:

The objectives were addressed during the **in-service presentation**.
If it is a **project**, the final product submitted met the objectives requested by the facility.

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<tbody>
<tr>
<td>Agree</td>
<td>Disagree</td>
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Comments:

The **in-service** topic covered or the **project** performed was appropriate for the facility.

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<tbody>
<tr>
<td>Agree</td>
<td>Disagree</td>
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Comments:
Teaching Methods:

For an in-service, more than one teaching method was used (handouts, demonstration etc.)
If it is a project, the final product demonstration or use of, met the requirements of the facility.

Adequate time was provided for me to make comments and ask questions regarding the in-service or project submitted.

The in-service ended with a summary of information presented.
If it a project, the final product is or was of benefit to the facility.

General Comments:

The overall presentation or project was

The things I liked best about this presentation/project were:

This presentation/project could have been improved by:
**FLORIDA INTERNATIONAL UNIVERSITY**  
Department of Physical Therapy

**SUMMARY OF IN-SERVICE/PROJECT EVALUATION FORM**  
(To be completed by student, signed by CI and submitted to the Faculty Supervisor)

<table>
<thead>
<tr>
<th>Presenter’s Name ___________________________</th>
<th>Date ____________</th>
</tr>
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</table>

**Topic______________________________**  
**Facility________________________**

Please indicate on the line provide the total number of responses you received in each of the indicated categories.  
*(Do not hand in each attendee rating form)*  
*(5 = Strongly Agree, 1 = Strongly Disagree)*

**ORGANIZATION:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Rating 5</th>
<th>Rating 4</th>
<th>Rating 3</th>
<th>Rating 2</th>
<th>Rating 1</th>
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</thead>
<tbody>
<tr>
<td>Introduction</td>
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<tr>
<td>Order</td>
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<tr>
<td>Pace/Time-frame</td>
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**CONTENT:**

<table>
<thead>
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<th>Rating 4</th>
<th>Rating 3</th>
<th>Rating 2</th>
<th>Rating 1</th>
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<tbody>
<tr>
<td>Clarity</td>
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<td>Continuity</td>
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<tr>
<td>Appropriateness</td>
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**TEACHING METHODS:**

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<th>Category</th>
<th>Rating 5</th>
<th>Rating 4</th>
<th>Rating 3</th>
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<td>Variety</td>
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<td>Adequate time</td>
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<tr>
<td>Summary</td>
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**GENERAL COMMENTS:**

<table>
<thead>
<tr>
<th>Overall:</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
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</table>

What did your audience consider the best points of your presentation/project?

What did your audience consider the weak points of your presentation/project?
Summarize all comments and discuss how you would modify / change / improve your presentation/project in the future.

_________________________________________  ________________________________________
Student’s Signature                                      Date

_________________________________________  ________________________________________
Clinical Instructor’s Signature                         Date