



APPENDIX A

OVCA FORM 148: Clinical Teaching Plan Review Checklist

LEGEND

- (/) Completely evident or present;
- (EbI) Evident but incomplete
- (EbNI) Evident but may not be following required format / placement or sequence / not updated and needs improvement
- (NI) Not indicated if required or available
- (NE) Not evident- Missing or absent
- (NA) Not applicable -not required by the subject or course
- (EE) Erroneous entry (maybe a typographical error)
- (NC) Not clear

ITEM / AREA		FINDINGS
HEADER		
Institutional logo/Name		
Name of College/Department		
FOOTER		
Institution's address		
College/Department logo		
DOCUMENT TITLE		
College / Program		
School year		
CLINICAL DESCRIPTION		
STUDENTS (year level)		
Placement		
Time allotment		
Number of days		
Number of students		
ENTRY COMPETENCY		
AREAS OF EXPOSURE		
GRADING SYSTEM		
GENERAL OBJECTIVES / LEARNING OUTCOMES		
ACTIVITIES OF STUDENTS		
SIGNATORIES		

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