If you are working with a program who uses Exxat and also utilizes the PT-PTA MACS you will be asked to complete the form.

- 1. Once the student completes the PTMACS, you will receive an email from notifications@exxat.com which will include a link for you to access the form.
 - We suggest that you please try to use any of the following internet browsers for the best experience: Google Chrome, Safari, Firefox.
 - Please note that you may experience performance issues (difficulty saving information, submitting, etc.) when using Internet Explorer.

Evaluation Review Request
Allison Torres <notifications@exxat.com> To:</notifications@exxat.com>
Dear Supervisor,
Hope you are doing well!
I have completed evaluation. Please review and enter your ratings and comments by clicking <u>here</u> . If the above link does not work, please copy and paste the below URL in a new browser instead.
https://steps.exxat.com/gateway/delegator?key=5f357833-7e89-497e-aa26-b350f0f04f54
Thank You!

- 2. Once you click on the link, a new tab will open and you will find the form that has been submitted by the student.
- 3. On the form, you will see a menu to the left showing all of the sections you will complete.

4. To the right, you will see the actual form. Questions with a red asterisk are mandatory.

\equiv Evaluations		Teesha Chaudhuri Exxat Sales (PT)
← PTMACS Midterm - In Progres Rotation 1 Kay* Deitra K	ss By Clinical Instructor(CI) ay.Deitra@example.com Abundant Health - Main Hospital (Geocoding Enabled)* Outpatient Nov 5, 2018 - Nov 5, 2018	Download
O Section I: PROFESSIONAL BEHAVIORS	0/2000	Clear All Save Submit
O Section II: PATIENT/CLIENT MANAGEMENT(A)		
Section II: PATIENT/CLIENT	Evaluation of Student Performance	^
O Section II: PATIENT/CLIENT MANAGEMENT(C)	* Level of Performance on this Clinical Experience * Rate this student's Overall performance at Midterm assessment * Expectations are based on the student's current level of clinical and academic experience	
O Section II: PATIENT/CLIENT MANAGEMENT(D)	 Please use below stider to indicate the Level of Performance on a scale of 0-10, where D = Below expectations S = Meets expectations D = Exceed expectations 	
O Section III: MANAGEMENT OF CARE DELIVERY	CI midterm rating	
O Section IV: PRACTICE MANAGEMENT	0 1 2 3 4 5 6 7	8 9 10
O Section V: SITE-SPECIFIC SKILLS(A)	Overall Performance & Goals for remainder of clinical experience Cl midterm comments*	
O Section V: SITE-SPECIFIC SKILLS(B)	Test	
	4/10000	1

- 5. For each question, you will see the student's rating and comment, and a place to add in your own rating and comment.
 - 1. Please note, that the system will not process any comments that are added once you pass the 10000-character limit.

Student Mid Term Rating:* +	
Enter comments here	
0/10000	
CI Mid Term Rating:*	
Enter comments here	
0/10000	

Overall Performance & Goals for remainder of clinical experience



7. You can also rate the student - "Evaluation of Student Performance" on a scale of 1 to 10.



8. Once all the questions are answered, click on Submit. A pop-up will appear asking you to

confirm. Click OK to confirm.



9. Your form is submitted!



10. For the Final, you will receive an email again from the student to fill out the form.

Evaluation Review Request
Allison Torres <notifications@exxat.com> To: O Rocio Ramirez</notifications@exxat.com>
Dear Supervisor,
Hope you are doing well!
I have completed evaluation. Please review and enter your ratings and comments by clicking <u>here</u> . If the above link does not work, please copy and paste the below URL in a new browser instead.
https://steps.exxat.com/gateway/delegator?key=5f357833-7e89-497e-aa26-b350f0f04f54
Thank You!

11. Click on the link to provide the Final Rating for each question.

\equiv Evaluations		Teesha Chaudhuri Exxat Sales (PT)
← PTMACS Final - Pending Clinical Rotation 1 Kay* Deitra Kay.	Instructor(Cl) Review Deitra@example.com Abundant Health - Main Hospital (Geocoding Enabled)* Outpatient Nov 5, 2018 - Nov 5, 2018	لط Download
O Section I: PROFESSIONAL BEHAVIORS	Cl midterm rating	Clear All Save Submit
O Section II: PATIENT/CLIENT MANAGEMENT(A)	Cl midterm comments	
O Section II: PATIENT/CLIENT MANAGEMENT(B)	0/10000	
O Section II: PATIENT/CLIENT MANAGEMENT(C)	Student final rating $\land \land \land$	
O Section II: PATIENT/CLIENT MANAGEMENT(D)	$ \bigcirc + \bigcirc \forall \bigcirc NI \bigcirc U \bigcirc N/A $	
O Section III: MANAGEMENT OF CARE DELIVERY	Site Specific Skills (skills 25.1-28.2) Summative Assessment Comment Cl midtern comments*	
Section IV: PRACTICE	lest	
Section V: SITE-SPECIFIC SKILLS(A)	4/10000 Cl final comments*	
O Section V: SITE-SPECIFIC SKILLS(B)		(i)
O Evaluation of Student Performance	0/10000	
	Evaluation of Student Performance	^
	* Level of Performance on this Clinical Experience	1

12. Toward the end of the form, you can add and the Final Overall Rating and comments

\equiv Evaluations										Teesha Chaudhuri 🛛	Exxat Sales (PT)
Final - In Progress By Rotation 1 Kay* Deitra Ka	v Clinical Instructor(CI) ay.Deitra@example.	.com Abundant He	ealth - Main Hospit	al (Geocoding Ena	bled)* <mark>Outpatie</mark>	nt Nov 5, 2018 -	- Nov 5, 2018				占 Download
O Section I: PROFESSIONAL BEHAVIORS									Clea	r All Save	Submit
O Section II: PATIENT/CLIENT MANAGEMENT(A)	* Level of Perfor * Rate this stude	mance on this Clinical F nt's Overall performan	Experience ce at Midterm assess	ment							
O Section II: PATIENT/CLIENT MANAGEMENT(B)	 * Expectations a * Please use below • 0 = Below expect 	 Expectations are based on the student's current level of clinical and academic experience Please use below slider to indicate the Level of Performance on a scale of 0-10, where O = Below expectations 									
O Section II: PATIENT/CLIENT MANAGEMENT(C)	 5 = Meets expect 10 = Exceeds exp CI midterm ra 	ations iectations iting									
O Section II: PATIENT/CLIENT MANAGEMENT(D)	0	1	2	3	4	5	6	7	8	9	10
O Section III: MANAGEMENT OF CARE DELIVERY	CI final rating										
O Section IV: PRACTICE MANAGEMENT	0	1	2	3	4	5	6	7	8	9	10
O Section V: SITE-SPECIFIC SKILLS(A)	Overall Perform:	ance & Goals for remain	nder of clinical experi	ence							
Section V: SITE-SPECIFIC SKILLS(B)	CI midterm co	omments*									
O Evaluation of Student Performance	Test										
	4/10000										
	CI final comm	ents*									
											i I

13. Once all the questions are answered, click on Submit. Just so you know – a pop-up will appear asking you to confirm. Click OK to confirm.

Are you sure you want to submit to the academic institution for review?							
ок	Cancel						

14. Your form is submitted!

	Form submitted successfully.	×
55		
	Your responses have been submitted.	1
	Click here to view submitted responses	

15. You can always click on the link and click on view submitted responses to get the read-only view of the filled responses. You can also click on the download button to download the copy of the form.



