

# QUARTERLY BI-WEEKLY TREATMENT EVALUATION REPORT

Practitioner \_\_\_\_\_ Supervisor: \_\_\_\_\_

DATE: \_\_\_\_\_ Patient ID: \_\_\_\_\_

Patient chief complaint or symptom \_\_\_\_\_

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## Supervisor Evaluation

<b>Intake Skills:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
<b>DX &amp; Exam Process:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
<b>Point Prescription:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
<b>Safety/Professionalism:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
<b>Needling Technique:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average

### Additional Comments:

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\_\_\_\_\_  
Practitioner Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date Signed