

Submission Evaluation Form – Communication
For Office Use Only

Member's Full Name:		SCPT #:	
Date of Evaluation:			

Criterion	Yes	No
Was the General Submission Form uploaded to the member portal?		
Was the chosen Task an acceptable submission option? (e.g., was the task appropriate and related to the domain?)		
Does the chosen Task enhance current or future Physical Therapy practice?		
Was translation of the knowledge into practice adequately described?		
Was the method for evaluating the effectiveness of knowledge implementation adequately described?		
Were at least two of the following NPAG Essential Competencies appropriately fulfilled and described?		
Essential Competency: Use oral and non-verbal communication effectively. <ul style="list-style-type: none"> • Did the submission demonstrate an increased ability to use oral and non-verbal communication effectively? 		
Essential Competency: Use written communication effectively. <ul style="list-style-type: none"> • Did the submission provide improvement in effective written communication? 		
Essential Competency: Adapt communication approach to context. <ul style="list-style-type: none"> • Did the submission provide knowledge for adapting communication to the context? 		
Essential Competency: Use communication tools and technologies effectively. <ul style="list-style-type: none"> • Did the submission demonstrate the effective use of communication tools and technologies? 		

Were the minimum requirements of submission met?	
<input type="checkbox"/> 6/6 - No future action required	<input type="checkbox"/> <6/6 - Re-submission required



Comments or Concerns: