

## STUDENT LEARNING STYLE QUESTIONNAIRE

Johns Hopkins Hospital  
Physical Therapy

In order to provide the best learning experience for each student, the following questionnaire has been developed. Please take some time to answer these questions thoughtfully so that your clinical instructor may use your answers as a guide to help you achieve your objectives.

1. Are there different times during the day at which you feel you are more alert and learn better?

- Yes, best is morning \_\_\_\_ , afternoon \_\_\_\_ , evening \_\_\_\_ , other
- Yes, but difficult to predict
- No, little variation most days

2. Do you feel you retain the most when you have instruction in.....

- Fairly long continuous blocks (greater than 1 hr. ) without interruptions
- Short bursts (less than 1 hr.)
- Fairly long continuous blocks (greater than 1 hr.) with short breaks (10-15 min.) in between

3. Do you feel you learn better when.....

- "Under pressure" with specific goals & deadlines
- Under some pressure with general goals & flexible deadlines
- Without pressure but, with general goals & flexible deadlines
- Under a relaxed atmosphere without goals or a time frame in mind

4. Check all that apply. When performing a new task do you prefer to ....

- Co-treat with your CI
- Treat on your own with CI observing from a distance
- Problem solve with CI before performing task
- Problem solve with CI while performing task
- Problem solve with CI after performing task

5. When learning something new do you prefer to .....

- Learn the theory & completely understand it before working on the practical aspects
- Learn the theory & have a general understanding before working on the practical aspects
- Learn the theory after working on the practical aspects

6. What types of feedback seem to be most helpful?

- Constructive feedback from instructor or other clinician
- Positive feedback from other staff members
- Seeing practical results directly related to your performance

7. Have you had experience writing goals for yourself? If yes check those which apply to you

- I have discussed goals and have experience writing them
- I have discussed goals but have never actually written them
- No experience

8. Do you prefer to have goals set by ....

- Clinical instructors
  - Yourself
  - Your school
  - Any combination of above.
- Please write
- 

9. On a scale of 1 to 10 ("10" being most helpful), rate how each of the following contribute to your comprehension & retention of information.

- Reading
- Hearing
- Seeing demonstrations, diagrams
- Feeling
- Active participation

10. Visualization is a technique people use to learn a new task. Are you able to visualize an activity and proceed to apply it to various situations?

- Can perform the activity mentally and can apply it
- Can perform the activity mentally but have difficulty applying it
- Can not do this to any practical degree
- Have not tried this technique

11. How often do you use supplemental reading material to facilitate your clinical performance?

- Daily
- Weekly

- Monthly
- As appropriate

12. What words best describe you?
13. What enhanced your learning with previous CI's?
14. What hindered your learning experience with previous CI's?
15. What classes did you like best in school? And why?
16. What classes did you like least? And why?
17. What is the most difficult part of the soap note for you to write? Rate each part in order of increasing difficulty (1 being least difficult)

Subjective  
Objective  
Assessment  
Plan

18. How often do you prefer to meet with your CI to obtain feedback?

- Daily
- Weekly
- As often as appropriate

Additional comments:

Please complete and return this form **one month** prior to your clinical affiliation. **Send completed form to Gabrielle Shumrak PT, DPT , CCCE, Johns Hopkins Hospital – Meyer 2-122, 600 North Wolfe Street, Baltimore, Maryland 21287 - 5189**