

## FACULTY EVALUATION OF CLINICAL SITE

Faculty member completing the form: \_\_\_\_\_

Date: \_\_\_\_\_

Clinical Site/Address/Phone: \_\_\_\_\_

Preceptor name and credentials: \_\_\_\_\_

Clinic Coordinator or Manager: \_\_\_\_\_

Type of Practice/Specialty: \_\_\_\_\_

Course Name and Term: \_\_\_\_\_

**INSTRUCTIONS: Please choose one number which best describes your experience:**

Rating Scales: 4-Strongly Agree    3-Agree    2-Disagree    1-Strongly Disagree

1. The clinical site is clean and well-maintained.	4	3	2	1
2. Patient volume is sufficient to meet the student's learning objectives. Average # of patients per day: _____	4	3	2	1
3. Preceptor is able to give "hands-on" guidance and support to the student as appropriate to the course objectives.	4	3	2	1
4. The clinical site is conducive to and supportive of student learning and needs.	4	3	2	1
5. The space for clinical learning activities was adequate to promote achievement of course objectives.	4	3	2	1
6. The preceptor/clinical site is willing to take students in the future.	4	3	2	1

**Approved**

**Not Approved**

Strengths or weaknesses of this clinical site: \_\_\_\_\_

\_\_\_\_\_

Recommendations for future use of this clinical site: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date