

## STUDENT EVALUATION OF CLINICAL SITE

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

Clinical Site: \_\_\_\_\_ 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

| <b>The Clinic Site or Agency:</b>  |   |   |   |   |
|--|---|---|---|---|
| 1. Provided a diverse patient population to promote achievement of course objectives.                                | 4 | 3 | 2 | 1 |
| 2. Provided a sufficient number of clinical experiences to meet the course objectives.                               | 4 | 3 | 2 | 1 |
| 3. Patient records were accessible and available to students.  | 4 | 3 | 2 | 1 |
| 4. Provided the students with an orientation to their rules and regulations.   | 4 | 3 | 2 | 1 |
| 5. The environment was conducive to and supportive of student learning.  | 4 | 3 | 2 | 1 |
| 6. The space for clinical learning activities was adequate to promote achievement of course objectives.              | 4 | 3 | 2 | 1 |
| 7. Had collaborative relationship with faculty and students for the development of appropriate learning experiences. | 4 | 3 | 2 | 1 |
| 8. Had staff who served as appropriate role models.  | 4 | 3 | 2 | 1 |

**Would you recommend this clinical site/agency for other students?      Yes      No**

If no, describe here: \_\_\_\_\_

Additional comments: \_\_\_\_\_

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