

## STUDENT EVALUATION OF THE CLINICAL EXPERIENCE

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

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

Preceptor/Agency: \_\_\_\_\_

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

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

<b>The facility environment was appropriate to the students learning needs:</b>				
1. Orientation to the clinical site was sufficient for me to begin my rotation	4	3	2	1
2. I consistently had the opportunity to care for a full load of patients	4	3	2	1
3. The type and variety of patients was conducive to learning	4	3	2	1
4. Resources were adequate to support learning	4	3	2	1
<b>The preceptor facilitated learning:</b>				
1. Knowledgeable	4	3	2	1
2. Role Modeled professionalism	4	3	2	1
3. Encouraging	4	3	2	1
4. Available to assist	4	3	2	1
5. Fostered Independence	4	3	2	1
6. Clearly Communicated feedback	4	3	2	1
<b>The rotation is appropriate in meeting your learning needs:</b>				
1. The number of clinical hours was appropriate	4	3	2	1
2. The clinical objectives were met	4	3	2	1
3. The experience benefited my learning	4	3	2	1
4. The overall experience was positive	4	3	2	1

Additional suggestions or comments: \_\_\_\_\_

Student Signature: \_\_\_\_\_