



## Student Clinical Experience Evaluation

Department/Unit \_\_\_\_\_ Preceptor \_\_\_\_\_

Please complete this evaluation at the end of your rotation and return it to Staff Development. Your feedback is appreciated and helps us evaluate and improve our students' clinical experiences.

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. Student orientation to the facility/department was sufficient and informative.	1	2	3	4	5
2. The Computer Training provided prepared me for my clinical rotation (if applicable).	1	2	3	4	5
3. Department/unit staff members were helpful and supportive of students.	1	2	3	4	5
4. Department/unit staff acted as professional role models.	1	2	3	4	5
5. Rotations to other departments/units increased my learning (if applicable).	1	2	3	4	5
6. The hospital/clinical areas and assigned patients were satisfactory for my clinical rotation.	1	2	3	4	5
7. The clinical setting was conducive to learning.	1	2	3	4	5
8. The equipment and supplies were adequate and available to meet my learning needs.	1	2	3	4	5
9. Enough computers were available to complete my work.	1	2	3	4	5
10. If given the option, I would return to this facility in the future.	1	2	3	4	5

Please provide feedback about any of the above items or share other comments: