Staff Evaluation of Clinical Experience, Faculty and Students

Date of clinical_______________ Evaluator_______________ Name of School__________________

Faculty Name_______________ Course Title_______________ Assigned Unit_______________

Shift_________ Program (circle): Nursing  EMT  AUA  Other_______________

1 = Strongly Disagree; 2 = Disagree; 3 = Agree; 4 = Strongly Agree

1. The instructor made clinical objectives available to staff prior to the clinical experience.  
   
2. The instructor prepared the students in basic knowledge of nursing procedures prior to the clinical experience.  
   
3. The instructor was accessible to the staff at all times.  
   
4. The instructor portrayed a professional manner when dealing with staff and students.  
   
5. The instructor coordinated the clinical experience effectively.  
   
6. Students arrived on time and prepared for the clinical experience.  
   
7. Students kept staff informed of what they were doing and reported problems or issues (including end of day report before leaving).  

8. Students displayed basic nursing skills and knowledge appropriate to their level of education.  

9. Students were interested and motivated to learn.  

10. Students carried out their assignments independently without requiring excessive amount of staff time.  

11. Students interacted with staff in a professional manner.  

Please respond to the following:

1. Additional comments concerning this program, faculty, students, and/or suggestions for improvement.

2. Would you have the students of this program return to your facility/unit? Yes or No (if no please explain)

Please return this form to Nursing Education or ________________________________

Revised 1/2010