

## Student Evaluation of Clinical Experience

Date of clinical \_\_\_\_\_ Name of School \_\_\_\_\_ Course Title \_\_\_\_\_

**Assigned Unit** \_\_\_\_\_ **Shift** \_\_\_\_\_ **Program (circle):** Nursing/EMT/AUA/Other

We are pleased to have contributed to your education through clinical affiliation. In striving to provide the best possible clinical experience, we value the feedback given by students in regard to their clinical experience here. Please complete the following evaluation using the scale given below.

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

Comments

1.	My orientation to the institution was informative and adequate for me to function.	1 2 3 4	
2.	My clinical assignment helped me meet my clinical objectives.	1 2 3 4	
3.	The staff demonstrated interest in my learning and communicated well with me.	1 2 3 4	
4.	Students are valued and are made to feel a part of the team.	1 2 3 4	
5.	I had access to my assigned patients' health information either individually or with assistance from staff or instructor to adequately care for my patient.	1 2 3 4	
6.	I worked with nurses who displayed what I believe to be attributes of a professional nurse.	1 2 3 4	
7.	This facility is a place I would consider for a place of employment.	1 2 3 4	
8.	I would rate my experience at this facility as: 1=Poor; 2=Below Average; 3=Good; 4=Excellent	1 2 3 4	

Please respond to the following:

1. List the positive aspects of your clinical experience.

2. List the negative aspects of your clinical experience.

3. Please list suggestions for future clinical rotation. Include ideas to enhance learning opportunities and improve clinical skill.

Please return this form to Nursing Education or \_\_\_\_\_