



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.

	1	2	3	4	5
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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: