# New Logo-035

# APPENDIX A - Student – Evaluation of Clinical Instructor and Experience

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| --- |
| Evaluation Information |
| Instructor Name: |            | Student Name (Optional): |                 |
| Clinical Program: |             | Clinical Rotation: |       |
|  Clinical Site: Clinical Dates: |
|   Clinical Course #: Semester: |
|  |
| Review Guidelines |
| The purpose of this form is to provide constructive feedback to the clinical instructor and the college regarding the student’s experience. As health professionals, we encourage you to provide meaningful feedback regarding your clinical experience to help the college and instructors to continuously improve the learning environment for students.Comments are extremely valuable and are strongly encouraged. Please add any additional comments you think would be helpful to the Clinical Instructor or the College to improve the student experience. |
| Evaluation |

**Questions About Yourself**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Strongly Agree* | *Agree* | *Disagree* | *Strongly Disagree* | *N/A**No Response* |
| *I was motivated to learn in this clinical setting* | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| *I was well prepared for this clinical rotation* | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| *I attended clinical sessions regularly* | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| *I was respectful of my instructor* | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| *I had high expectations of myself* | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| *I engaged in reflective practice*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |

**Questions About Your Orientation to the Clinical Setting**

How satisfied were you with the following orientations during your clinical experience:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Very Satisfied* | *Satisfied* | *Dissatisfied* | *Very**Dissatisfied* | *N/A**No Response* |
|  *facility and/or* *organization* | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| *learning outcomes* | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| *other team members/staff* | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| *to emergency and safety procedures* | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| *materials, supplies and equipment* | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| ***Comments:*** |

**Questions About Your Instructor**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Strongly Agree* | *Agree* | *Disagree* | *Strongly Disagree* | *N/A**No Response* |
| *The instructor showed interest in my learning* | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| *The instructor showed or demonstrated respect for my learning* | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| *The instructor provided constructive feedback throughout the clinical experience* | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| *The instructor provided useful feedback throughout the clinical experience* | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| *The instructor provided feedback in a timely manner* | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| *The instructor was available for questions* | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| *The instructor responded to my questions* | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| *The instructor fostered reflective practice* | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| *The instructor encouraged me to think critically*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| *The instructor provided an appropriate level of autonomy based on my level of knowledge and skills throughout this clinical experience* | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| *The instructor modeled ethical practice in this clinical setting* | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| *Overall the instructor was effective in his/her teaching and guiding role* | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| *Comments:* |  |  |  |  |  |

What was most helpful to you in this clinical learning experience?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was of least help to you in this clinical learning experience?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional comments, suggestions or concerns?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_