

SCHOOL AFFILIATION – CLINICAL ROTATION EVALUATION

NAME:(optional) _____

DATE: _____

SCHOOL AFFILIATION: _____

UNIT ASSIGNED: _____

I hope you were able to learn from your experiences. I would appreciate it if you would please take a few minutes to complete the below evaluation. Thank you for your input and for taking the time to complete the evaluation.

	<i>Very Satisfied</i> (4)	<i>Satisfied</i> (3)	<i>Dissatisfied</i> (2)	<i>Very Dissatisfied</i> (1)
1. During your orientation to the medical center, were you provided with basic policies & procedures?				
2. How were you received when you arrived on the unit?				
3. Were you provided with opportunities that met your objectives?				
4. Did the charge nurse/CNC assist in providing a positive environment?				
5. Was nursing care practice at the facility consistent with what was learned in the classroom setting?				
6. Your overall clinical experience was:				

If you marked dissatisfied/highly dissatisfied to any of the above, please state why:

Please identify your level of change towards improving skills and level of knowledge after your rotation.	0 1 2 3 4 5 6 7 8 9 10
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Comments:
