



Saint Agnes Medical Center

Clinical and Professional Development Department

Student Evaluation

Assigned Floor: _____ Dates: _____

Name of Instructor: _____ School: _____

Use the 1-5 scale to describe how strongly you agree or disagree with the following statements. **1** indicates you STRONGLY DISAGREE, and **5** indicates you STRONGLY AGREE.

- 1 2 3 4 5 I was given adequate general orientation information.
- 1 2 3 4 5 The orientation to the unit was helpful.
- 1 2 3 4 5 The staff treated me with respect.
- 1 2 3 4 5 The staff facilitated my learning process.
- 1 2 3 4 5 The off-unit experiences were helpful to me.
- 1 2 3 4 5 I had a positive experience during this rotation.
- 1 2 3 4 5 My instructor seemed prepared to assist me when needed.

What I liked best about this rotation was:

What I liked least about this rotation was:
