

EMS STUDENT EVALUATION OF CLINICAL ROTATION

A separate form should be completed for each clinical rotation the student completes

Student Name: _____ Date of Rotation: _____

Rotation performed at: _____

Facility

Department

Use the following rating scale, circle the number which best describes your evaluation of the designated rotation with 1 standing for the worst and 5 standing for the best. Use the back of this form for additional space for you positive or negative comments.

1. Appropriate Orientation by the CIC 1 2 3 4 5

Comments: _____

2. Responsibilities clearly defined by the CIC 1 2 3 4 5

Comments: _____

3. Adequate Clinical Supervision at the clinical site 1 2 3 4 5

Comments: _____

4. Availability of preceptor(s) during the clinical session 1 2 3 4 5

Comments: _____

5. Responsiveness to clinical questions by staff at clinical site 1 2 3 4 5

Comments: _____

6. Incorporation as member of service or clinical site 1 2 3 4 5

Comments: _____

7. Educational objectives accomplished 1 2 3 4 5

Comments: _____

8. Overall educational experience 1 2 3 4 5

Comments: _____

Comment on Individual Preceptors with which you have had significant educational interactions.

Preceptor or faculty	Availability	Clinical teaching
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1. _____	1 2 3 4 5	1 2 3 4 5
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Comments: _____

2. _____	1 2 3 4 5	1 2 3 4 5
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Comments: _____

3. _____	1 2 3 4 5	1 2 3 4 5
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Comments: _____