THE UNIVERSITY OF TEXAS AT EL PASO SCHOOL OF NURSING

STUDENT’S EVALUATION OF CLINICAL SITE

SEMESTER________________________ YEAR_____________ Rotation (circle one):   I    II

Please evaluate your clinical settings according to the following information and criteria.

Name of Agency _________________________________________________________

Type of Unit(s) _________________________________________________________

On a scale of 1-4 (1= poor, 2=satisfactory, 3=good, & 4= outstanding) rate your clinical experience.

1. Was the environment conducive to your achievement of the clinical objectives?
   Score________________
   If you rate the item as poor or outstanding, please provide comments.
   ________________________________________________________________________
   ________________________________________________________________________

2. Was the staff supportive to your achievement of the clinical objectives?
   Score________________
   If you rate the item as poor or outstanding, please provide comments.
   ________________________________________________________________________
   ________________________________________________________________________

3. Were the learning experiences with clients appropriate for you to achieve the clinical objectives?
   Score________________
   If you rate the item as poor or outstanding, please provide comments.
   ________________________________________________________________________
   ________________________________________________________________________

4. What is your overall rating of the agency clinical experience?
   Score________________
   If you rate the item as poor or outstanding, please provide comments.
   ________________________________________________________________________
   ________________________________________________________________________