

Student Evaluation Form

Health Sciences – Clinical

Instructor's Name: _____ Course: _____ Date: _____

PART 1: Scaled Responses

This class has been selected for student feedback. Please indicate your personal response to the statements below by circling the appropriate rating. Your opinion is important in providing feedback to your instructor. Please consider each answer carefully. Your individual response will remain anonymous. If requested by the person distributing this form, or if you would like to, you may add comments on the back of this form.

Select only one answer for each statement. NA means Not Applicable or that you Don't Know.

	Strongly Agree					Strongly Disagree	NA
1. Instructor participates in orientation to clinical area.	5	4	3	2	1		NA
2. Instructor participates in teaching on clinical unit.	5	4	3	2	1		NA
3. Is knowledgeable about principles of nursing care for the patient.	5	4	3	2	1		NA
4. Is available in the clinical area on a daily basis.	5	4	3	2	1		NA
5. Helps student plan for approaches to individual patient care.	5	4	3	2	1		NA
6. Is approachable for questions and assistance.	5	4	3	2	1		NA
7. Answers questions in a helpful manner.	5	4	3	2	1		NA
8. Gives guidance or instruction in a helpful manner.	5	4	3	2	1		NA
9. Has good relationships with students.	5	4	3	2	1		NA
10. Has good rapport with staff.	5	4	3	2	1		NA
11. Conducts clinical conference.	5	4	3	2	1		NA
12. The clinical conferences are helpful learning experiences.	5	4	3	2	1		NA
13. Intervenes with staff on behalf of student when necessary.	5	4	3	2	1		NA
14. Gives feedback to student regarding progress throughout the clinical rotation.	5	4	3	2	1		NA
15. Clinical objectives for students' performance and learning are available to students in writing.	5	4	3	2	1		NA
16. Clinical objectives for students' performance and learning are communicated clearly to students.	5	4	3	2	1		NA
17. Evaluation of student clinical performance and learning is based upon clinical objectives.	5	4	3	2	1		NA

PART 2: WRITTEN REMARKS: If requested by the person distributing this form, please include comments on the back of this page to explain your responses. Also include comments on areas of instructor excellence and/or suggestions for course improvement.

STUDENT EVALUATION FORM FOR LAB INSTRUCTION

Date: _____

Instructor: _____

Course: _____

PART 1: SCALED RESPONSES

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Select only one answer for each statement. NA means Not Applicable, or that you Don't Know.

	Strongly Agree				Strongly Disagree		
	5	4	3	2	1	NA	
1. The instructor demonstrates interest and knowledge in the course content.							
2. The instructor makes an effort to determine if the student understands the facts, concepts, skills or other material presented.							
3. Overall, my learning experience in this instructor's presence has been positive and rewarding.							
4. On my first visit to the lab, the instructor helped me understand how the lab worked.							
5. I feel comfortable asking the instructor questions if I need help.							
6. When I do need help, the instructor makes herself/himself available in a reasonable amount of time.							
7. When I ask a question or ask for help, the instructor explains clearly and helps me understand the answer.							
8. If applicable, the instructor has helped me feel more comfortable working on the computer.							
9. The instructor maintains an atmosphere in the lab conducive to learning.							
10. The instructor has communicated in a friendly manner while offering assistance or enforcing the lab rules.							
11. If applicable, the instructor has been helpful with computer problems.							
12. If I ask for help and the instructor isn't familiar with the area, he/she directs me to where I can obtain more help.							
13. If the instructor is attending to several students at a time, he/she is able to give me enough help so I can work on my own.							
14. This course has helped me to move to the to next course level.							

Please write additional comments about your experiences with this lab instructor on the back of this sheet.