

Clinical Site _____ **Rotation** _____

Clinical Instructor Name _____

Name _____

Date _____

Site Evaluation Form

Instructions

Please fill in your name and the date at the top of this page, and the name of your clinical site and rotation at the top of the following page.

These evaluations will be utilized in such a way that anonymity of the student is maintained. Please be as objective as possible in filling out the evaluation form. Where appropriate, write the letter of the appropriate response in the square to the left of the question.

This form will be used to evaluate the quality of instruction at the clinical site you have just attended. Your input is important in evaluating the quality of experiences at the particular clinical site.

Reviewed _____
Revised November 16, 2001

Clinical Site

Rotation

- _____ 1. The time allotted for this rotation was:
A. Adequate
B. Too short
C. Too long

COMMENTS: _____

- _____ 2. I was busy:
A. all of the time.
B. most of the time.
C. some of the time.

COMMENTS: _____

- _____ 3. The objectives of this rotation were:
A. very clear
B. somewhat clear
C. unclear

COMMENTS: _____

- _____ 4. Completing my objectives was:
A. easy, due to the wide variety and / or number of procedure performed
B. a little difficult due to the moderate variety / number of procedures.
C. difficult due to the limited variety or number of procedures performed.

COMMENTS: _____

- _____ 5. I feel my knowledge level upon entering this area is:
A. Excellent
B. Good
C. Average
D. Weak

COMMENTS: _____

- _____ 6. I feel my knowledge level upon leaving this area is:
A. Excellent
B. Good
C. Average
D. Weak

COMMENTS: _____

- _____ 7. The tech(s) I worked with were:
A. Very helpful
B. Somewhat helpful
C. Not helpful at all

COMMENTS: _____

- _____ 8. Was the tech/instructor knowledgeable about the clinical area being taught?
A. yes
B. somewhat
C. no

COMMENTS: _____

- _____ 9. Did the tech / instructor assist in answering questions readily and encourage more?
A. yes
B. somewhat
C. no

COMMENTS: _____

- _____ 10. If I needed help with a procedure or question, a tech was:
A. always there
B. sometimes there
C. never there

COMMENTS: _____

- _____ 11. The tech(s) in charge of the rotation let me know what I would be doing
A. daily
B. occasionally
C. when asked
D. seldom

COMMENTS: _____

- _____ 12. Is the instructor fair and impartial when dealing with students?
A. yes
B. somewhat
C. no

COMMENTS: _____

- _____ 13. Personality conflicts with clinical lab employees were.
A. never a problem
B. sometimes a problem
C. always a problem

COMMENTS: _____

- _____ 14. The tech(s) I was working with treated me and each other with respect.
A. all of the time
B. some of the time
C. none of the time

COMMENTS: _____

- _____ 15. The tech(s) I was working with created an atmosphere that encourage me to become an MLT professional.
A. all of the time
B. some of the time
C. none of the time

COMMENTS: _____

- _____ 16. The methodology used in this rotation was consistent with the theory presented in the course.
A. all of the time
B. some of the time
C. none of the time

COMMENTS: _____

- _____ 17. Procedures I was expected to perform were explained
A. thoroughly
B. briefly
C. not at all

COMMENTS: _____

- _____ 18. Theory of testing procedures was covered
A. Thoroughly
B. Briefly
C. Not at all

COMMENTS: _____

_____ 19. Did the organization of this clinical rotation enhance learning?
A. yes
B. somewhat
C. needs improvement
COMMENTS: _____

_____ 20. I feel the quality of training at this clinical site was
A. excellent
B. good
C. average
D. poor
COMMENTS: _____

_____ 21. How would you rate the overall laboratory rotation?
A. excellent
B. good
C. average
D. poor
COMMENTS: _____

To the best of your ability, provide the following information:

1. List three items which had a positive impact or enhanced the quality of learning at this clinical site.

2. List three items which had a negative impact or decreased the quality of learning at this site.

3. List any improvements which you feel is necessary at this clinical site. "None" means rotation is fine as is.

4. Please give a brief overview of your experiences at this clinical site. Continue your comments on the back side of this paper, if necessary.