STUDENT EVALUATION OF CLINICAL FACULTY NURSING AND ALLIED HEALTH PROGRAM

DATE:_____

INSTRUCTOR:_____

COURSE:_____

> Please respond honestly to the statements listed below. DO NOT SIGN YOUR NAME.
> ***DO NOT EVALUATE OTHER MEMBERS OF THE TEACHING TEAM.***

	Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**	**No Opinion**
1. Stated clinical goals and objectives.	☐	☐	☐	☐	☐
2. Came to clinical prepared.	☐	☐	☐	☐	☐
3. Was on time in starting clinical.	☐	☐	☐	☐	☐
4. Was available to students when needed.	☐	☐	☐	☐	☐
5. Returned nursing care plans and other papers as stated in the syllabus.	☐	☐	☐	☐	☐
6. Explained and then followed through on expectation of student clinical performance.	☐	☐	☐	☐	☐
7. Assigned learning materials to help students understand clinical practice.	☐	☐	☐	☐	☐
8. Related course material to clinical practice.	☐	☐	☐	☐	☐
9. Facilitated assignments that helped students to learn the course material.	☐	☐	☐	☐	☐
10. Showed interest and enthusiasm for the course and material.	☐	☐	☐	☐	☐
11. Showed interest in the student's success and progress.	☐	☐	☐	☐	☐
12. Gave more than one explanation of difficult points.	☐	☐	☐	☐	☐
13. Encouraged students to participate in class conference.	☐	☐	☐	☐	☐
14. Generally, the clinical hours met for the required time period.	☐	☐	☐	☐	☐

(OVER)

Specific comments on the strengths and weaknesses of the instructor:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Specific suggestions on how the course or appointment might be improved:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____