

Student Name\_\_\_\_\_

## Clinical Evaluation

Date:\_\_\_\_\_

Clinical Site\_\_\_\_\_

Evaluator:\_\_\_\_\_

Please evaluate this student in the following areas.

1= strongly disagree 5=strongly agree.

1. The student arrived on time. 1 2 3 4 5
  2. The student was present for the whole clinical day. 1 2 3 4 5
  3. The student presented a professional appearance. 1 2 3 4 5
  4. The student participated in patient care as appropriate. 1 2 3 4 5
  5. The student asked appropriate questions. 1 2 3 4 5
  6. The student shared the clinical objectives for this rotation with staff and worked to meet those objectives. 1 2 3 4 5
  7. The student was actively engaged in learning while at this facility. 1 2 3 4 5
  8. Any other comments regarding this student. \_\_\_\_\_
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