

FLORIDA INTERNATIONAL UNIVERSITY
COLLEGE OF NURSING AND HEALTH SCIENCES

STUDENT EVALUATION OF CLINICAL FACILITY

Clinical Facility Being Evaluated _____

Course Name _____

Course Number _____ Date _____

ORIENTATION

- | | | | |
|----|---|-----|----|
| 1. | Were you given information related to the philosophy and objectives of the facility? | Yes | No |
| 2. | Were you given an overview of the organizational structure of the facility? | Yes | No |
| 3. | Were you given an orientation to the physical layout and the services provided by the facility? | Yes | No |
| 4. | Were policies and procedures available to you in written form? | Yes | No |

EVALUATION STATEMENTS

		Not at all				Very Much
5. I felt welcome at this facility.	1	2	3	4	5	
6. The course objectives were met at the facility.	1	2	3	4	5	
7. My learning objectives were met at this facility.	1	2	3	4	5	
8. The facility had an adequate patient/client consensus for learning opportunities.	1	2	3	4	5	
9. Facility personnel functioned as role models for providing quality health care.	1	2	3	4	5	
10. Facility personnel provided assistance in planning my assignment(s).	1	2	3	4	5	
11. Facility personnel were actively involved in patient/client teaching.	1	2	3	4	5	
12. Facility personnel were actively involved in discharge planning.	1	2	3	4	5	
13. Record keeping in the facility was of good quality and accessible to care providers.	1	2	3	4	5	
14. The facility's physical layout was conducive to student learning (e.g. space for conferences, documentation, storage for books/valuables).	1	2	3	4	5	

COMMENTS: (Continue on back of this page if necessary.)