

STUDENT OBSERVATION EVALUATION

Student's Name: _____

Date(s) of Student Preceptorship Experience: _____

Department/Location (Unit): _____

Staff who Assisted with Experience: _____

We would like to know what you thought about your Student Preceptorship experience at Riverview Hospital Association. Please take a few minutes to answer the following questions. Your input is valuable to us! We use your feedback to update plans for future experiences like the one you participated in.

Use this scale to evaluate each of the following areas:

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Strongly Disagree				Strongly Agree

1. 1 2 3 4 5 This experience was beneficial to me as a student.

COMMENTS:

2. 1 2 3 4 5 The length of the experience was appropriate for my needs.

COMMENTS:

3. 1 2 3 4 5 I would recommend this experience to other students.

COMMENTS:

4. 1 2 3 4 5 The hospital staff made me feel welcomed.

COMMENTS:

5. 1 2 3 4 5 I received adequate information regarding the scheduling of this experience.

COMMENTS:

6. What did you find to be the most helpful part of your “Preceptorship” experience?
7. What did you find to be the least helpful part of your “Preceptorship” experience?
8. What recommendations, if any, would you make regarding the student “Preceptorship” experience at Riverview Hospital Association?

Please return this evaluation to Riverview in the self-addressed envelope provided. Thank you for completing this evaluation. We appreciate your assistance with our goal of providing a meaningful learning opportunity here at Riverview Hospital Association.