Student Assessment of Clinical Training Site

Name: _______________________________________ Date: _________________________

Class:  530_____584_____590_____591_____Spring_____Fall_____Sum _____

Agency Name: ____________________________________________________________

Supervisor’s Name: __________________________________________________________

On a scale of 1 to 5, (1 being poor and 5 excellent), how would you rate your placement overall? (circle one)

1  2  3  4  5

How would you rate your learning experience?

1  2  3  4  5

What would you most want to change about your placement, if anything?

________________________________________________________________________

________________________________________________________________________

Would you suggest this placement to other students in the future? Explain briefly.

________________________________________________________________________

________________________________________________________________________

What was the most valuable part of your experience at this placement?

________________________________________________________________________

________________________________________________________________________

How much contact did you have with individuals from various cultural backgrounds? How did you react?

________________________________________________________________________

________________________________________________________________________

Do you have a different placement for next semester? If yes, where is it? If not, do you intend to remain at the same placement? (for 530 students only)

________________________________________________________________________