Student Assessment of Clinical Training Site

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? (circle one)

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?

_________________________________________________________________________
_________________________________________________________________________