

**STUDENT EVALUATION OF CLINICAL SITE**

**Where was your clinical site?**

- ALMC    AMHB    AMCK

Please check appropriate circle

**Identify your clinical area?** \_\_\_\_\_

Use the following scale to answer questions 1-4:

**1 = Never   2 = Rarely   3 = Sometimes   4 = Often   5 = Always**

1. Did you find the unit environment conducive to your learning needs?       1    2    3    4    5
2. Were you able to discuss clinical situations with appropriate staff members?       1    2    3    4    5
3. Did you feel engaged and supported while on the clinical unit?       1    2    3    4    5
4. Was unit staff friendly and helpful?       1    2    3    4    5
5. How would you describe your overall experience while on the clinical unit? \_\_\_\_\_

---

---

---

6. What would you describe as your most positive experience while on the unit? \_\_\_\_\_

---

---

---

7. What is one aspect of the clinical unit you would change if given the opportunity? \_\_\_\_\_

---

---

---

**Thank you for your cooperation in filling out this survey. Please return this to the manager of the clinical site as soon as you have completed it.**