

SCHOOL OF NURSING & ALLIED HEALTH (SONAH)

NURSING STUDENT’S EVALUATION OF PRACTICUM SITE

INSTRUCTIONS

1.

Please evaluate your clinical site (s) for this semester.
2.

Answer each statement by circling the number that most accurately reflects your evaluation of the clinical site.

Name of student: _____

Clinical site: _____

Semester: _____

Programme: ☐ BScN ☐ ANTP ☐ Allied Health

Course: _____

Name of preceptor: _____

Date: ____/____/_____
(MM/ DD/ YYYY)

RATING SCALE

- 1 = Strong Disagree
- 2 = Disagree
- 3 = Agree
- 4 = Strongly Agree

EVALUATION CHECKLIST

| QUALITY | RATING SCALE | | | | |
|---|--------------|---|---|---|----------|
| | 1 | 2 | 3 | 4 | Comments |
| 1. The clinical site provided adequate space for me. | | | | | |
| 2. Adequate time was given for me to see patients. | | | | | |
| 3. The patients at the clinical site are variable in age, diagnoses, and numbers. | | | | | |
| 4. The types of patients at the site were appropriate to meet the course objectives. | | | | | |
| 5. The selected patients were according to my learning needs. | | | | | |
| 6. The support staff was accepting of my role as a student. | | | | | |
| 7. The support staff was appropriately helpful to me. | | | | | |
| 8. The philosophy of the clinical site was directed toward quality care, health promotion and disease prevention. | | | | | |
| 9. Reference materials, procedure and protocol manuals and educational | | | | | |

| QUALITY | RATING SCALE | | | | |
|--|--------------|--|--|--|--|
| materials were available to me at the clinical site. | | | | | |
| 10. Community resources, other agencies, and professional disciplines are involved with the patients’ welfare. | | | | | |
| 11. I would recommend this clinical site to my peers for practicum experience. | | | | | |

My overall evaluation of this clinical practicum site is (please circle response):

Excellent _____ Good _____ Fair _____ Poor _____ Would not recommend _____

Comments: _____

Signature of student: _____