

Date _____

STUDENT EVALUATION OF SUPERVISED PRACTICE EXPERIENCE**Student**

Name _____ Facility _____

Rotation Type _____

INSTRUCTIONS: To evaluate the appropriateness of supervised practice sites, student feedback is needed. Please circle the choice that best describes your answer. Submit this form to the DI Director with all evaluations at completion of each rotation.

I. Supervised Practice Experiences

A. Did your supervised practice experiences help you develop professional competency?

**Please
comment:

B. Were your supervised practice experiences realistically challenging according to your level of experience?

**Please
comment:

II. Supervision and Assistance

A. Were the expectations of the facility preceptor concerning your performance clear?

**Please
comment:

B. Was a facility preceptor available when you needed help?

**Please
comment:

C. How many preceptors worked with you during this supervised practice experience? _____

III. Evaluation

A. Did the facility preceptor provide constructive evaluation of your progress?

**Please
comment:

B. Were evaluations of your performance fair?

**Please
comment:

IV. Briefly describe the most relevant specific learning experience encountered in this facility.

V. Please list all assignments (including projects, in-services, journal clubs, etc.) completed while at this rotation.

Signature

(intern)

Date: _____