

Evaluation of Learning Experience By Staff

Please help us to improve our learning environment by giving us feedback.

(Please Print)

(If completing electronically, tab through fields. Once completed, print and submit.)

Type of placement

Group <input type="checkbox"/>	Preceptorship/fieldwork <input type="checkbox"/>	Observation/shadow <input type="checkbox"/>	Project <input type="checkbox"/>	Other <input type="checkbox"/> :
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I am giving feedback related to:

Last Name		First Name		Student <input type="checkbox"/>
School		Program		Faculty <input type="checkbox"/>

Placement Information

Location		Placement Dates:	From (mm/dd/yy)	To (mm/dd/yy)
Site				

	Yes	No
Did you have enough information about the program objectives, student's learning needs and your responsibilities during the student experience?	<input type="checkbox"/>	<input type="checkbox"/>
If not, what information did you feel you needed?		
Generally, what was the best part of the student experience for you?		
Did you have any concerns about the student experience?	<input type="checkbox"/>	<input type="checkbox"/>
If so, please describe and tell us what you did about it:		
Can you identify any areas in which the school or faculty could enhance their role to improve future learning experiences?		

Thank you for your input.

We will be sure to share your feedback with the School's Program representative.

Please return the completed form via e-mail to Placements@vch.ca or click the "Submit" button to send directly.
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