

Evaluation of Learning Experience By Students & Faculty

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"/> :
--------------------------------	---	--	----------------------------------	----------------------------------

Preceptor/Field Guide

N/A <input type="checkbox"/>	Last Name	First Name
------------------------------	-----------	------------

Placement Information

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

Please tell us what you liked best about your learning experience here.

Is there anything that didn't go well for you? No Yes If 'Yes', please tell us more and give us suggestions on how we could improve on the learning experience for future students.

Any other suggestions to improve the placement for future learning experiences?

For Students in a preceptorship/field work placement and on site Faculty:

What did you find most helpful regarding your orientation?

- Online ([Student Practice Education](#)):
- On site:

Could you suggest any area of your orientation that could be changed or improved?

Thank you for your input.

We will be sure to share your feedback with the staff at your placement.