

**RC Health Services Emergency Medical Training**  
***Student Evaluation of Clinical Site***

<b>Clinical or Field Site</b>	
<b>Department</b>	
<b>Date of Clinical:</b>	

***Student Instructions:*** *In order to assure the highest level of educational experience, RC Health Services requests your assistance in the evaluation of your Clinical Site Only. This is only an evaluation of this clinical site and **not your Clinical Coordinator, Classroom Instructor, or Preceptor.** Please be honest so we can make improvements. When you are complete, please email this form to your Clinical Instructor or Coordinator.*

**Only fill out the highlighted sections.**

*Please mark the form in the left hand column using the following criteria:*

1 = Poor, 2 = Below Average, 3 = Average, 4 = Above Average, 5 = Excellent, N = Non Applicable

	Site location was relevant to my EMS course/level of study.
	The patient population at this site was sufficient to meet my educational needs and objectives.
	This site offered sufficient teaching/learning opportunities.
	This site offered sufficient expereinces to correlate with the classroom theory.
	This site offered opportunity to utilize skills learned in the classroom.
	A formal orientation to this site was given (On the first rotation only).
	Reference and learning materials were available at the site.
	The site staff was accommodating.
	The staff at this site were familiar with EMS training.
	The staff at this site were receptive to students.
	The staff at this site interacted with the student.
	The staff at this site were skilled in their profession.
	Overall this experience was pleasant.
	I would recommend this site to other students.

Please add any additional comments below:


Thank you for your time and participation in this survey. Please let us know if we can be of any assistance.

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