



**THIS FORM IS A PREVIEW ONLY!**

## CLINICAL YEAR EVALUATION OF CLINICAL SITE SUPERVISOR

Please evaluate your clinical site supervisor below. Evaluation of your clinical site experience, site and staff will be completed with a separate evaluation.

For each statement below select one answer reflecting if you strongly disagree, disagree, are neutral, agree, strongly agree with the statement, or, if you cannot assess your experience on that statement.

*Note: These evaluations may be shared with the clinical site upon their request.*

(Question 1 of 2)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Unable to Assess
Demonstrated knowledge and competence in their discipline(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided well supervised guidance while allowing me to maintain responsibility for patient care on selected cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided me with adequate opportunity to develop my technical skills,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided me with adequate opportunity to develop my communication skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided me feedback in a timely, specific and constructive manner to allow improvement throughout the rotation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treated me in a professional and respectful manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was approachable and available when I requested assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment on the clinical site supervisor, including any areas you ranked as neutral, disagree or strongly disagree. **Please be specific and provide examples.** (Question 2 of 2)

Review your answers in this evaluation. If you are satisfied with the evaluation, click the **SUBMIT** button below. Once submitted, evaluations are no longer available for you to make further changes.

Save For Later    Submit