After you have left the unit, please evaluate the clinical experience and your preceptor using the following scale. Use the comments sections to elaborate, particularly when a rating of 3 or lower is given. IF THIS FORM IS NOT COMPLETED AND A COMPLETE EVALUATION IS NOT PROVIDED, THE STUDENT WILL BE REQUIRED TO REPEAT THE ROTATION.

5 = Strongly Agree  4 = Agree  3 = Neither Agree or Disagree  2 = Disagree  1 = Strongly Disagree

1. The orientation I received to the clinical unit and its procedures was adequate.
   Comments:
   1 2 3 4 5

2. The learning experiences provided by this clinical unit contributed toward my acquiring the knowledge, skills, and personal behaviors/attitudes required of an entry-level EMS professional.
   Comments:
   1 2 3 4 5

3. The clinical unit provided access to an adequate volume and variety of patients to contribute toward my knowledge, skills, and personal behaviors/attitudes required of an entry-level EMS professional.
   Comments:
   1 2 3 4 5

4. The amount of time available for communications/discussions with my clinical preceptor was adequate.
   Comments:
   1 2 3 4 5

5. The student clinical preceptor ratio was adequate to assure an effective and efficient learning experience.
   Comments:
   1 2 3 4 5

6. My clinical preceptor was helpful in assuring access to patients and assigning work that enabled me to complete the objectives for this clinical unit.
   Comments:
   1 2 3 4 5

7. My communication/discussions with my clinical preceptor contributed toward my acquiring the knowledge, skills, and personal behavior/attitudes required for an entry-level EMS professional.
   Comments:
   1 2 3 4 5

8. My preceptor was helpful in explaining the care given to patients and answering my questions.
   Comments:
   1 2 3 4 5
9. Based on my clinical experience and skill, the degree of supervision I received from my preceptor was adequate and appropriate to assure effective and efficient learning.
   Comments: ____________________________________________________________
   1  2  3  4  5

10. The feedback I received from my preceptor regarding my clinical performance was adequate and contributed to my acquiring the knowledge, skills, and personal behaviors/attitudes required of an entry-level EMS professional.
    Comments: ____________________________________________________________
    1  2  3  4  5

11. The evaluation of my performance was based on objective information.
    Comments: ____________________________________________________________
    1  2  3  4  5

12. My preceptor made me feel free to ask questions.
    Comments: ____________________________________________________________
    1  2  3  4  5

13. My preceptor stimulated me to think and problem solve.
    Comments: ____________________________________________________________
    1  2  3  4  5

14. My preceptor answered questions in a straightforward and complete manner.
    Comments: ____________________________________________________________
    1  2  3  4  5

15. My preceptor communicated readily and clearly with me.
    Comments: ____________________________________________________________
    1  2  3  4  5

16. The environment was professional and conducive to patient care and to effective and efficient learning.
    Comments: ____________________________________________________________
    1  2  3  4  5

17. My expectations for this rotation were met.
    Comments: ____________________________________________________________
    1  2  3  4  5

18. Based on my past experiences in clinical education and my concept of the "ideal" clinical education experience, my experience at this site was time well spent and I would recommend this site to other students.
    Comments: ____________________________________________________________
    1  2  3  4  5

19. What was your most favorable experience on this rotation?
    ____________________________________________________________
    ____________________________________________________________

20. What was your least favorable experience on this rotation?
    ____________________________________________________________
    ____________________________________________________________

21. Please list your comments, ideas, or recommendations for improvement of this rotation.
    ____________________________________________________________
    ____________________________________________________________

Student Signature: __________________________________________