

AFFILIATING EXPERIENCE EVALUATION
Instructor Form

We would appreciate your cooperation in evaluating the affiliating experience your students have just completed. The information you provide will be used in an attempt to improve future affiliations.

TITLE OF AFFILIATING PROGRAM: _____

AFFILIATING INSTITUTION: _____

UNIT OR AREA TO WHICH ASSIGNED: _____

DATES OF CLINICAL EXPERIENCE: _____

For each of the following statements, please indicate whether you “Strongly Agree” (SA), “Agree” (A), “Disagree” (D), “Strongly Disagree” (SD).

Objectives of Affiliating Experience

- | | | | | |
|---|----|---|---|----|
| a. The staff on the unit welcomed the students and treated them with respect. | SA | A | D | SD |
| b. The staff on the unit willingly assisted the students. | SA | A | D | SD |
| c. The staff on the unit willingly provided me with assistance. | SA | A | D | SD |
| d. The unit environment facilitated meeting the student’s educational objectives. | SA | A | D | SD |
| e. I would recommend this facility to other instructors. | SA | A | D | SD |

Comments: _____

