



### Student Placement Evaluation

PLACEMENT DATES: \_\_\_\_\_

LENGTH OF PLACEMENT: \_\_\_\_\_

HOSPITAL NAME: \_\_\_\_\_

WARD/AREA: \_\_\_\_\_

FACILITATOR NAME/S: \_\_\_\_\_

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The Hospital and ward orientation met my expectations & needs					
2. Opportunities were provided to develop & explore my knowledge further					
3. Staff were courteous, helpful and supportive					
4. Clinical facilitator/s gave clear instructions for meetings and assessments					
5. Clinical facilitator/s provided feedback/support in a timely manner					
6. Clinical facilitator/s was available when I needed them					
7. This placement met my expectations & needs					
8. This placement will make a difference to my future career					

Is there anything else that you wish for us to know?

Any suggestions that will help future students?

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Thank you for taking the time to complete this evaluation form. 😊