



STUDENT PLACEMENT EVALUATION

Dates of Placement: _____ Duration (wks): _____

Training Facility (Uni/RTO): _____

Clinical Placement Hospital: _____ Ward: _____

Name of Facilitator: _____

Name of Preceptor/s: _____

(please include names of all preceptors if you had more than one during your placement)

Completion of this evaluation is completely anonymous, your feedback is greatly appreciated as it will assist in the development of our facilitators and preceptors and the ongoing support of fellow Nursing students.

Thankyou

1. Did the Hospital & Ward Orientations meet your expectations and needs?

Hospital Orientation YES NO Ward Orientation YES NO

Comments: _____

2. Is there anything you believe was missing from your Orientation (Hospital or Ward) that you believe will benefit future students?

Comments: _____

3. Were you allocated a Preceptor(s)? YES NO

If NO do you know of a reason why? (ie Preceptor on S/L etc) _____

4. Have you been working with your Preceptor(s)? YES NO

If NO do you know of a reason why? (ie Preceptor on S/L etc) _____

5. In your opinion has the Preceptor(s) assisted & supported you in your learning experience? YES NO

If NO please provide a comment? _____

6. Were opportunities provided to enable you to develop and explore your knowledge further? YES NO

Comments: _____

7. Were the staff courteous, helpful & supportive throughout your placement?

YES NO

Comments: _____



8. Did the Clinical Facilitator(s) provided clear instructions regarding their requirements for assessments, meetings etc? YES NO

Comments: _____

9. Did the Clinical Facilitator(s) provide adequate feedback/support in a timely manner? YES NO

Comments: _____

10. Was the Clinical Facilitator(s) available for consultation when you required them? YES NO

Comments: _____

11. Has this placement meet your expectations and needs? YES NO

Comments: _____

12. Is there any other support or assistance that you feel you did not receive that would have been of a benefit? YES NO

Comments: _____

12. Do you think this placement will make a difference to your future career? YES NO

Comments: _____

13. To assist us with ongoing improvement & support of our clinical facilitation of nursing students, we are seeking your input and suggestions regarding any other topics and/or training you believe will assist nursing students in the future.

Other Comments:

Thankyou