|  |  |
| --- | --- |
| **RC Health Services**  **Emergency Medical Services Training**  **Student Evaluation of Clinical / Field Site** | |
| Name of Clinical/Field Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Mark the form using these criteria.**  1 = Strongly Disagree  2 = Disagree  3 = Neither agree or disagree  4 = Agree  5 = Strongly Agree | **Instructions to the student:**  In order to assure the highest level of educational experience, the Aemstar Health and Safety EMST Department requests your assistance in the evaluation of the site, not the preceptor, classroom instructor or clinical coordinator. Return the completed form to the Clinical Coordinator. |
| 1 2 3 4 5 |  |
|  | Site location was relevant to my EMS course/level of study. |
|  | The patient population at the site was sufficient to meet my educational needs and objectives. |
|  | The site offered sufficient teaching/learning opportunities. |
|  | The site offered sufficient experiences to correlate with the classroom theory. |
|  | The site offered opportunity to utilize skills learned in the classroom. |
|  | A formal orientation to the site was given (on the first rotation only). |
|  | Reference and learning materials were available at the site. |
|  | The site staff was accommodating. |
|  | The staff at the site was familiar with EMS training. |
|  | The staff at the site was receptive to the student. |
|  | The staff at the site interacted with the student. |
|  | The staff at the site was skilled in their profession. |
|  | Overall the experience was pleasant. |
|  | I would recommend this site for continued use by the EMST program. |
| **Place additional comments here:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

Rev. 10/12