



**Nursing Student Clinical Rotation Evaluation  
Summary Sharp Health Care (SHC)**

Clinical Instructors: At the end of each rotation, please send these completed forms from each student to Barbara De Fulvio via Interdepartmental Mail or via email:

[Barbara.defulvio@sharp.com](mailto:Barbara.defulvio@sharp.com)

1. a) Date/Year    b) School    c) Sharp Facility/ Unit
2. Approximate current year in your nursing program: (indicate one)  
 1st semester     2nd semester     3rd semester     4th semester
3. Session (check one):  Fall     Spring     Summer    Shift  AM     PM
4. Type of Nursing Program (indicate one)  AA  BSN  MSN  Other
5. Approximate number of weeks completed during this clinical rotation:  
 (Indicate one):  5 weeks     10weeks     15weeks     other

Please Answer the questions below using a 1-5 scale	Very Poor	Poor	Fair	Good	Very Good
6. Friendliness of nursing staff					
7. Nurses were supportive in helping me learn new skills					
8. Friendliness of ancillary staff					
9. Learning and patient care opportunities were available for my growth & development					
10. Long Term Goals for the Semester were met					
11. Ease of patient documentation					
12. Value of learning experience when buddied with specialized caregiver/ RN					
13. Overall Quality of Learning experience/program at SHC					
14. Floor layout allowed easy access to my					

<b>clinical instructor for questions regarding patient care.</b>					
<b>15. Protocols &amp; Expectation guidelines were helpful in clarifying my responsibilities/role at SHC</b>					

**16.** What did the nursing staff do which was especially helpful toward your learning?

**17.** What could the nursing staff have done to further enhance your learning experience?

**18.** Additional Comments

**Clinical Instructors Name:**