



Department of  
Veterans Affairs

W.G. Hefner VA Medical Center

**Student Evaluation of Clinical Site**

Completion of this evaluation will help us improve the clinical experiences of other affiliating nursing students. Thank you for your assistance.

Date: \_\_\_\_\_ School: \_\_\_\_\_

Program: NA LPN ADN BSN MSN MSN/NP Other: \_\_\_\_

Instructor: \_\_\_\_\_ Unit(s): \_\_\_\_\_

**Total # Student evaluations.**

	Poor	Fair	Average	Good	Very Good
	1	2	3	4	5
1. I received adequate information during the clinical orientation.					
2. The clinical setting was appropriate for meeting my learning objectives.					
3. Adequate resources were available for achieving clinical objectives.					
4. Staff responded to my questions or requests.					
5. I was able to meet my clinical objectives during this experience.					

If you checked 1 or 2 for any of the items above, please provide additional information below:

---

---

1. What aspects of this clinical experience were particularly helpful?

2. What aspects of this clinical experience were particularly difficult?

3. What suggestions do you have for improving student experiences in the clinical area (s)?