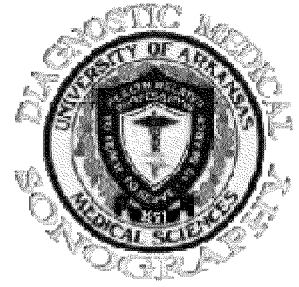


Student's Evaluation of the Clinical Site ©2002



| | |
|----------------|-------------------------------------|
| Student's name | Rotation Number: Rotation Dates: |
| Clinical Site | Clinical Instructor(s) |

This form is intended to help the Diagnostic Medical Sonography Program and the clinical rotation sites to improve their instructional methods. The student should complete the form on the last day of each clinical rotation and return it to the DMS Program Director. The Program Director will discuss the evaluations with the Clinical Instructors.

| | | Poor 0 | Fair 1 | Good 2 | Excellent 3 |
|----|---|-----------|-----------|-----------|----------------|
| 1 | The number of available cases | | | | |
| 2 | The variety of cases | | | | |
| 3 | Equipment and facilities | | | | |
| 4 | Time in the site | | | | |
| 5 | Tasks assigned were appropriate | | | | |
| 6 | Pertinent literature and texts were available | | | | |
| 7 | Clinical Instructor(s) were helpful and courteous | | | | |
| 8 | Opportunities to scan cases | | | | |
| 9 | Opportunities to discuss cases | | | | |
| 10 | Overall value of this clinical rotation | | | | |
| | | | | | |

Total number of cases observed/participated in during this rotation: _____

Comments:

Student Signature: _____ Date: _____

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