



Student Evaluation Form

Unit: _____ Year: _____ Term: _____

Please rank the following statements as follows:

- 1 = Strongly Disagree 4 = Agree
2 = Disagree 5 = Strongly Agree
3 = Uncertain

- ___ 1) The Brookwood staff was interested in helping me meet my objectives for this experience.
- ___ 2) The Brookwood staff was helpful and cooperative when I had a question or needed assistance.
- ___ 3) The medical staff contributed positively to my clinical experience. (You may also indicate N/A if little or no contact was made).
- ___ 4) My overall clinical experience at Brookwood was better than my clinical experiences at other hospitals. (You may indicate N/A if these were your first clinicals. If rated 3 or less, please state what needs improvement).
- ___ 5) Based on my clinical experience, I would consider applying to Brookwood for employment. (If rated 3 or less, please state what needs (improvement)).
- ___ 6) What was the most beneficial part of your experience?

- ___ 7) Are there any changes we could make to enhance this experience for future students?

- ___ 8) Other comments: _____

Identifying Information is Optional:

Name: _____ School _____

Return to:	Carolyn Chalkley, RN, MSN Coordinator, Academics Brookwood Medical Center 2010 Brookwood Medical Center Drive Birmingham, AL 35209 carolyn.chalkley@tenethealth.com
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